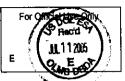
U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 2610	2. Fiscal Year Covered From:
	1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing.	Name, file number, and address of labor organization.
Name TIMOTHY G FANDEL	Name PLUMBERS UNION LOCAL NO. 12
	Labor Organization File Number
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any 1240
Street HOLLETT STREET	Street MASSACHUSETTS AVENUE
City SCITUATE	City BOSTON
State Massachusetts ZIP Code + 4 02066	State Massachusetts ZIP Code + 4 02125
5. Position in labor organization. LABOR TRUSTEE, BI - LAWS COMMITT	ree
Enter appropriate data below if, during the past fiscal year, you or your spo (except as specified in the exclu- A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizations.	derived income or other economic benefit of
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name (
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street ;	7.b. Amount
City	C. C
1 And the second	internal to the second
State ZIP Code + 4	
Sign	nature
15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany undersigned's knowledge and belief, true, correct, and complete. (See the se	ying documents), has been examined by the signatory and is, to the best of the
Signed Jumothy Jandes	On 71.05 781.545.6850

Name of Person Filing TIMOTHY FANDEL	File Number U- 26/0
B. Held an interest in or derived income or economic benefit with monetary values substantial part of which consists of buying from, selling or leasing to, or otherwork of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	rise dealing with the business ely seeking to represent, or rectly to, or otherwise
8. Name and address of Business (including trade name, if any). Name PLUMBERS LOCAL NO. 12 ANNUITY PLAN	9. Business deals with:
Trade Name, if any:	a. Labor Organization b. Trust
P.O. Box, Bldg., Room No., if any 1230-1236	c. Employer
Street MASSACHUSETTS AVENUB	— ·
City BOSTON	
State Massachusetts ZIP Code + 4 02125	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	TRUSTEE OF TRUST FUNDED THROUGH A CBA FOR THE BENEFIT OF THE MEMBERS AND PARTICIPANTS OF SAID PLAN.
P.O. Box, Bldg., Room No., if any	
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State ZIP Code + 4	12.a. Nature of interest held or income received. REIMBURSEMENT OF LOST WAGES UNDER THE COLLECTIVE BARGAINING AGREEMENT DUE TO ATTENDANCE OF TRUST FUND MEETINGS IN MY CAPACITY AS LABOR TRUSTEE REPRESENTING THE PARTICIPANTS OF SAID TRUST ON 1/8/2004.
	12.b. Amount. \$98
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City	
State ZIP Code + 4	
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.

B. Held an interest in or derived income or economic benefit with monetary vall substantial part of which consists of buying from, selling or leasing to, or otherw of an employer whose employees your labor organization represents or is activ (2) any part of which consists of buying from or selling or leasing directly or indidealing with your labor organization or with a trust in which your labor organization.	rise dealing with the business rely seeking to represent, or irectly to, or otherwise
8. Name and address of Business (including trade name, if any).	9. Business deals with:
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Trade Name, if any:	b. Trust
P.O. Box, Bldg., Room No., if any 1230-1236	c. Employer
Street MASSACHUSETTS AVENUE	
City BOSTON	i
State Massachusetts ZIP Code + 4 02125	
10. If 9.b. or 9.c. is checked give trust or employer's name,	11.a. Nature of such dealing.
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13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
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State ZIP Code + 4	
	14.b. Amount of payment.
13.b. Is the Business an Employer or Consultant?	

Name of Person Filing TIMOTHY FANDEL

Name of Person Filing TIMOTHY FANDEL	File Number U - 26/C	
B. Held an interest in or derived income or economic benefit with monetary value substantial part of which consists of buying from, selling or leasing to, or otherwof an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicated and with your labor organization or with a trust in which your labor organization.	ise dealing with the business by seeking to represent, or rectly to, or otherwise	
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C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money		\$98
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street	14.a. Nature of payment.	
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File Number U- 26/C

B. Held an interest in or derived income or economic benefit with monetary value substantial part of which consists of buying from, selling or leasing to, or otherw of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	ise dealing with the business aly seeking to represent, or rectly to, or otherwise
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10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
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	12.b. Amount. \$5
C. Received from any employer (other than an employer covered undo or from any labor relations consultant to an employer any payment of money	er parts A and B above) or other thing of value.
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name	
Trade Name, if any:	
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Street	
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State ZIP Code + 4	
	14.b. Amount of payment.
13.h. Is the Business an Employer or Consultant ?	

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Name of Person Filing TimoTky FANDEL	File Number U- 2610
B. Held an interest in or derived income or economic benefit with monetary values substantial part of which consists of buying from, selling or leasing to, or otherwoof an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	rise dealing with the business ely seeking to represent, or rectly to, or otherwise
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C. Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of money	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any:	14.a. Nature of payment.

Form LM-30 (2003)

13.b. Is the Business an Employer

ZIP Code + 4

or Consultant

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Street

City

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Name of Person Filing TrimoThy FAVDEL	File Number U- 26/0
B. Held an interest in or derived income or economic benefit with monetary value substantial part of which consists of buying from, selling or leasing to, or otherwof an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	vise dealing with the business rely seeking to represent, or rectly to, or otherwise
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	12.b. Amount. \$5
C. Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of mone	ler parts A and B above) y or other thing of value.
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or Consultant

13.b. is the Business an Employer

Street

City

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Name of Person Filing TIMOTHY FANDEL	File Number U- Za C
B. Held an interest in or derived income or economic benefit with monetary values substantial part of which consists of buying from, selling or leasing to, or otherword an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	rise dealing with the business ely seeking to represent, or rectly to, or otherwise
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P.O. Box, Bldg., Room No., if any 1230-1236	c. Employer
Street MASSACHUSETTS AVENUE	
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10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	TRUSTEE OF TRUST FUNDED THROUGH A CBA FOR THE BENEFIT OF THE MEMBERS AND PARTICIPANTS OF SAID PLAN
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	12.b. Amount. \$98
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13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.

Name of Person Filing TIMOTHY FANDEL	File Number U- 26/0
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Name of Person Filing TIMOTHY FANDEL	File Number U- 26/C
B. Held an interest in or derived income or economic benefit with monetary values substantial part of which consists of buying from, selling or leasing to, or otherwork an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	vise dealing with the business rely seeking to represent, or irectly to, or otherwise
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10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
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13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.
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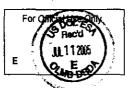
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U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



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3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name TIMOTHY G FANDEL	Name PLUMBERS UNION LOCAL NO. 12
	Labor Organization File Number
P.O. Box, Bldg., Room No., if any 36	P.O. Box, Building and Room Number, if any 1240
Street HOLLETT STREET	Street MASSACHUSETTS AVENUE
City SCITUATE	City BOSTON
State Massachusetts ZIP Code + 4 02066	State Massachusetts ZIP Code + 4 02125
5. Position in labor organization. LABOR TRUSTEB, BI - LAWS COMMI	ITTEB
A. Held an interest in, engaged in transactions (including loans) with, monetary value from an employer whose employees your organiz A. Name and address of Employer (including trade name, if any).	or derived income or other economic benefit of zation represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income.
	zation represents or is actively seeking to represent.
Name :	
Trade Name, if any:	
P.O. Box, Bidg., Room No., if any	
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S	Signature
	y of Perjury and other applicable penalties of the law, that all of the information panying documents), has been examined by the signatory and is, to the best of the e section on penalties in the instructions.)
	Date Telephone Number
Form LM-30 (2003)	Page 1 of 2

Name of Person Filing TIMOTHY FANDEL	File Number U- 26/0		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any). Name PLUMBERS LOCAL NO. 12 ANNUITY PLAN Trade Name, if any: P.O. Box, Bldg., Room No., if any 1230-1236 Street MASSACHUSETTS AVENUE City BOSTON State Massachusetts ZIP Code + 4 02125	9. Business deals with: a. Labor Organization b. Trust c. Employer 11.a. Nature of such dealing.		
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bidg., Room No., if any	TRUSTEE OF TRUST FUNDED THROUGH A CBA FOR THE BENEFIT OF THE MEMBERS AND PARTICIPANTS OF SAID PLAN.		
City State ZIP Code + 4	11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. REIMBURSEMENT OF LOST WAGES UNDER THE COLLECTIVE BARGAINING AGREEMENT DUE TO ATTENDANCE OF TRUST FUND MEETINGS IN MY CAPACITY AS LABOR TRUSTEE REPRESENTING THE PARTICIPANTS OF SAID TRUST ON 1/8/2004.		
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bidg., Room No., if any Street City	14.a. Nature of payment.		
State ZIP Code + 4 13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.		

Name of Person Filing TIMOTHY FANDEL	File Number U- 26/0		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any).	9. Business deals with:		
Name PLUMBERS LOCAL NO. 12 PENSION PLAN Trade Name, if any:	a. Labor Organization		
P.O. Box, Bidg., Room No., if any 1230-1236	b. Trust c. Employer		
Street MASSACHUSETTS AVENUE	u*		
City BOSTON			
State Massachusetts ZIP Code + 4 02125			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.		
Name:	TRUSTEE OF TRUST FUNDED THROUGH A CBA FOR THE BENEFIT OF THE MEMBERS AND PARTICIPANTS OF SAID PLAN.		
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street	11.b. Approximate dollar value of such dealing. \$98		
City	12.a. Nature of interest held or income received.		
State ZIP Code + 4	REIMBURSEMENT OF LOST WAGES UNDER THE COLLECTIVE BARGAINING AGREEMENT DUE TO ATTENDANCE OF TRUST FUND MEETINGS IN MY CAPACITY AS LABOR TRUSTEE REPRESENTING THE PARTICIPANTS OF SAID TRUST ON 1/8/2004.		
	12.b. Amount. \$98		
	The second of th		
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street			
City			
State ZIP Code + 4			
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.		

Name of Person Filing TIMOTHY FANDEL	File Number U- 26/C
B. Held an interest in or derived income or economic benefit with monetary values substantial part of which consists of buying from, selling or leasing to, or otherwork of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	rise dealing with the business ely seeking to represent, or rectly to, or otherwise
8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name PLUMBERS LOCAL NO. 12 WELFARE PLAN	a. Labor Organization
Trade Name, if any:	b. Trust
P.O. Box, Bldg., Room No., if any 1230-1236	c. Employer
Street MASSACHUSETTS AVENUE	
City BOSTON	
State Massachusetts ZIP Code + 4 02125	,
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name .	TRUSTEE OF TRUST FUNDED THROUGH A CBA FOR THE BENEFIT OF THE MEMBERS AND PARTICIPANTS OF SAID PLAN.
Trade Name, if any:	PLAN.
P.O. Box, Bldg., Room No., if any	:
Street	11.b. Approximate dollar value of such dealing. \$98
City	12.a. Nature of interest held or income received.
State ZIP Code + 4	REIMBURSEMENT OF LOST WAGES UNDER THE COLLECTIVE BARGAINING AGREEMENT DUE TO ATTENDANCE OF TRUST FUND MEETINGS IN MY CAPACITY AS LABOR TRUSTEE REPRESENTING THE PARTICIPANTS OF SAID TRUST ON 1/8/2004.
•	12.b. Amount. \$98
	12.5. Allouit.
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City	
State ZIP Code + 4	
	1 awar
	14.b. Amount of payment.

Name of Person Filing	Name	of Pe	rson	Filing
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TIMETHY FANDEL

File Number U- 26/0

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested. 8. Name and address of Business (including trade name, if any). 9. Business deals with: Name PLUMBERS UNION LOCAL NO. 12 ANNUITY PLAN X a. Labor Organization Trade Name, if any: b. Trust P.O. Box, Bldg., Room No., if any 1230-1236 c. Employer Street MASSACHUSETTS AVENUE State Massachusetts ZIP Code +4 .02125 11.a. Nature of such dealing. 10. If 9.b. or 9.c. is checked give trust or employer's name. PLAN ADMINISTRATION OF COLLECTIVELY BARGAINED EMPLOYEE BENEFIT PLAN. Trade Name, if any: P.O. Box, Bldg., Room No., if any 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. LUNCH SERVED AT THE TRUST MEETING OF JANUARY 8, State 2004 12.b. Amount. C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value. 14.a. Nature of payment. 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City

14.b. Amount of payment.

13.5. is the Business an Employer

or Consultant

Name of Person Filing TimoThy FANDEL	File Number U- 26/0
B. Held an interest in or derived income or economic benefit with monetary value substantial part of which consists of buying from, selling or leasing to, or otherwork of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or include alling with your labor organization or with a trust in which your labor organization.	rise dealing with the business ely seeking to represent, or irectly to, or otherwise
8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name PLUMBERS UNION LOCAL NO. 12 PENSION PLAN Trade Name, if any:	X a. Labor Organization
P.O. Box, Bldg., Room No., if any 1230-1236	b. Trust c. Employer
Street MASSACHUSETTS AVENUE City BOSTON State Massachusetts ZIP Code + 4 02125	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing. PLAN ADMINISTRATION OF COLLECTIVELY BARGAINED
Trade Name, if any:	EMPLOYEE BENEFIT PLAN.
P.O. Box, Bldg., Room No., if any Street	
Olso.	11.b. Approximate dollar value of such dealing. \$5
State ZIP Code + 4	12.a. Nature of interest held or income received. LUNCH SERVED AT THE TRUST MEETING OF JANUARY 8, 2004.
	12.b. Amount. \$5
C. Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of mone	er parts A and B above) y or other thing of value.
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name	
Trade Name, if any: P.O. Box. Bldg., Room No., if any	

Form LM-30 (2003)

13.b. Is the Business an Employer

ZIP Code + 4

or Consultant

Street

City

State

U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 26/0	2. Fiscal Year Covered From:	
	1 / 1 / 2004, Through: 12 / 31 / 2004	
3. Name and address of person filing.	4. Name, file number, and address of labor organization.	
Name TIMOTHY G FANDEL	Name PLUMBERS UNION LOCAL NO. 12	
The second secon	Labor Organization File Number	
P.O. Box, Bidg., Room No., if any 36	P.O. Box, Building and Room Number, if any 1240	
F.O. Box, Bidg., Noon No., II ally 36	F.O. DOX, Building and Noon Number, if any 1240	
Street HOLLETT STREET	Street MASSACHUSETTS AVENUE	
City SCITUATE	City BOSTON	
State Massachusetts ZIP Code + 4 02066	State Massachusetts ZIP Code + 4 02125	
5. Position in labor organization.		
LABOR TRUSTEE, BI-LAWS COMMI	TTEE	
A. Held an interest in, engaged in transactions (including loans) with, monetary value from an employer whose employees your organize	cation represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.	
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any	7.b. Amount	
Street	7.b. Allount	
Sense (1) - Contraction (1) -	and	
City	First Annual Ann	
State ZIP Code + 4		
Signature		
15. Signature and verification. The undersigned declares, under penalty submitted in this report (including the information contained in any accompundersigned's knowledge and belief, true, correct, and complete. (See the	of Perjury and other applicable penalties of the law, that all of the information panying documents), has been examined by the signatory and is, to the best of the exection on penalties in the instructions.) On 11.05 181.545.6850	
	Date Telephone Number	
Form LM-30 (2003)	Page 1 of 2	

Name of Person Filing TIMOTHY FANDEL	File Number U- 26/0		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any). Name PLUMBERS LOCAL NO. 12 ANNUITY PLAN Trade Name, if any: P.O. Box, Bldg., Room No., if any 1230-1236 Street MASSACHUSETTS AVENUE City BOSTON State Massachusetts ZIP Code + 4 02125	9. Business deals with: a. Labor Organization b. Trust c. Employer		
10. If 9.b, or 9.c, is checked give trust or employer's name.	11.a. Nature of such dealing.		
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	TRUSTEE OF TRUST FUNDED THROUGH A CBA FOR THE BENEFIT OF THE MEMBERS AND PARTICIPANTS OF SAID PLAN.		
Street	11.b. Approximate dollar value of such dealing. \$98		
City	12.a. Nature of interest held or income received.		
State ZIP Code + 4	REIMBURSEMENT OF LOST WAGES UNDER THE COLLECTIVE BARGAINING AGREEMENT DUE TO ATTENDANCE OF TRUST FUND MEETINGS IN MY CAPACITY AS LABOR TRUSTEE REPRESENTING THE PARTICIPANTS OF SAID TRUST ON 1/8/2004.		
	12.b. Amount. \$98		
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street			
City			
State ZIP Code + 4			
and the Desire of the Control of the	14.b. Amount of payment.		
13.b. Is the Business an Employer or Consultant ?			

e of Person Filing TIMOTHY FANDEL		File Number U-26/C	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any).	9. Business deals with:		
Name PLUMBERS LOCAL NO. 12 PENSION PLAN Trade Name, if any: P.O. Box, Bldg., Room No., if any 1230-1236 Street MASSACHUSETTS AVENUE City BOSTON State Massachusetts ZIP Code +4 02125	a. Labor Organiza b. Trust c. Employer	ation	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such deal	ling.	
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any		FUNDED THROUGH A CBA FOR THE MBERS AND PARTICIPANTS OF SAID	
Street	11.b. Approximate dollar val	lue of such dealing. \$98	
City State ZIP Code + 4	BARGAINING AGREEM MEETINGS IN MY CAI	eld or income received. LOST WAGES UNDER THE COLLECTIVE ENT DUE TO ATTENDANCE OF TRUST FUNI PACITY AS LABOR TRUSTEE PARTICIPANTS OF SAID TRUST ON	
	See a Administration of the second of the se	adaptives a samentar approximation to the same to	
	12.b. Amount.	\$98	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		
Name Trade Name, if any:			
P.O. Box, Bldg., Room No., if any	A STATE OF THE STA		
Street	and the state of t		
City -	1		
State ZIP Code + 4	<u></u>	and the second of the second o	
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	for the second s	

Name of Person Filing TIMOTHY FANDEL	File Number U- 26/0			
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any).	9. Business deals with:			
Name PLUMBERS LOCAL NO. 12 WELFARE PLAN				
Trade Name, if any:	a. Labor Organization b. Trust			
P.O. Box, Bldg., Room No., if any 1230-1236	c. Employer			
Street MASSACHUSETTS AVENUE				
City BOSTON				
State Massachusetts ZIP Code + 4 02125				
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.			
Name	TRUSTEE OF TRUST FUNDED THROUGH A CBA FOR THE BENEFIT OF THE MEMBERS AND PARTICIPANTS OF SAID			
Trade Name, if any:	PLAN.			
P.O. Box, Bldg., Room No., if any				
Street	11.b. Approximate dollar value of such dealing. \$98			
City	12.a. Nature of interest held or income received.			
State ZIP Code + 4	REIMBURSEMENT OF LOST WAGES UNDER THE COLLECTIVE BARGAINING AGREEMENT DUE TO ATTENDANCE OF TRUST FUND MEETINGS IN MY CAPACITY AS LABOR TRUSTEE REPRESENTING THE PARTICIPANTS OF SAID TRUST ON 1/8/2004.			
	The second secon			
	12.b. Amount. \$98			
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.				
13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.			
(including trade name, if any).				
Name	<u>}</u>			
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street				
City				
State ZIP Code + 4				
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.			

Name of Person Filling TIMETRY FANDEL	File Number U- 26/0
B. Held an interest in or derived income or economic benefit with monetary value from a substantial part of which consists of buying from selling or leasing to, or otherwise dealing	

substantial part of which consists of buying from, selling or leasing to, or otherw of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	ely seeking to represent, or rectly to, or otherwise
8. Name and address of Business (including trade name, if any). Name PLUMBERS UNION LOCAL NO. 12 ANNUITY PLAN	9. Business deals with: X a. Labor Organization
Trade Name, if any:	b. Trust
P.O. Box, Bldg., Room No., if any 1230-1236 Street MASSACHUSETTS AVENUE	c. Employer
City BOSTON	
State Massachusetts ZIP Code +4 02125	11.a. Nature of such dealing.
10. If 9.b. or 9.c. is checked give trust or employer's name. Name	PLAN ADMINISTRATION OF COLLECTIVELY BARGAINED EMPLOYEE BENEFIT PLAN.
Trade Name, if any:	
P.O. Box, Bidg., Room No., if any Street	
City	11.b. Approximate dollar value of such dealing. \$5
State ZIP Code + 4	12.a. Nature of interest held or income received. LUNCH SERVED AT THE TRUST MEETING OF JANUARY 8, 2004.
	12.b. Amount. \$5
C. Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of mone	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street City	
State ZIP Code + 4	
13.h. Is the Business an Employer or Consultant ?	14.b. Amount of payment.
	<u> </u>

Name of Person Filing	IMOTHY FANDEL	File Number U-	261

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a

substantial part of which consists of buying from, selling or leasing to, or otherwoof an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	vely seeking to represent, or lirectly to, or otherwise
B. Name and address of Business (including trade name, if any). Name PLUMBERS UNION LOCAL NO. 12 PENSION PLAN	9. Business deals with:
Trade Name, if any: P.O. Box, Bldg., Room No., if any 1230-1236 Street MASSACHUSETTS AVENUE City BOSTON State Massachusetts ZIP Code + 4 02125	a. Labor Organization b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	PLAN ADMINISTRATION OF COLLECTIVELY BARGAINED EMPLOYEE BENEFIT PLAN.
P.O. Box, Bldg., Room No., if any	
Street	11.b. Approximate dollar value of such dealing. \$5
City City	12.a. Nature of interest held or income received.
State ZIP Code + 4	LUNCH SERVED AT THE TRUST MEETING OF JANUARY 8, 2004.
	12.b. Amount. \$5.
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of mone 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	der parts A and B above) ey or other thing of value. 14.a. Nature of payment.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
State ZIP Code + 4	
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.
	

Throthy FARDEL	
B. Held an interest in or derived income or economic benefit with monetary values ubstantial part of which consists of buying from, selling or leasing to, or otherwork and the employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	vise dealing with the business /ely seeking to represent, or irectly to, or otherwise
Name and address of Business (including trade name, if any).	9. Business deals with:
Name PLUMBERS UNION LOCAL NO. 12 WELFARE PLAN	
Trade Name, if any:	a. Labor Organization
P.O. Box, Bldg., Room No., if any 1230-1236	b. Trust
Street MASSACHUSETTS AVENUE	c. Employer
City BOSTON	·.
State Massachusetts ZIP Code + 4 02125	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	PLAN ADMINISTRATION OF COLLECTIVELY BARGAINED EMPLOYEE BENEFIT PLAN.
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
the state of the s	
Street	11.b. Approximate dollar value of such dealing.
State ZIP Code + 4	12.a. Nature of interest held or income received. LUNCH SERVED AT THE TRUST MEETING OF JANUARY 8, 2004.
	12.b. Amount.
C. Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of mone	ler parts A and B above) y or other thing of value.
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City .	
State ZIP Code + 4	Search communication of the co
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.

Name of Person Filing TIMOTHY FANDEL	File Number U- 260			
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any). Name PLUMBERS LOCAL NO. 12 ANNUITY PLAN Trade Name, if any: P.O. Box, Bldg., Room No., if any 1230-1236 Street MASSACHUSETTS AVENUE City BOSTON State Massachusetts ZIP Code + 4 02125	9. Business deals with: a. Labor Organization b. Trust c. Employer 11.a. Nature of such dealing.			
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	TRUSTEE OF TRUST FUNDED THROUGH A CBA FOR THE BENEFIT OF THE MEMBERS AND PARTICIPANTS OF SAID PLAN.			
City State ZIP Code + 4	11.b. Approximate dollar value of such dealing. \$98 12.a. Nature of interest held or income received. REIMBURSEMENT OF LOST WAGES UNDER THE COLLECTIVE BARGAINING AGREEMENT DUB TO ATTENDANCE OF TRUST FUND MEETINGS IN MY CAPACITY AS LABOR TRUSTEE REPRESENTING THE PARTICIPANTS OF SAID TRUST ON 2/12/2004.			
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.				
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	14.a. Nature of payment.			
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.			

Name of Person Filing TIMOTHY FANDEL	File Number U - 26/0		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any). Name PLUMBERS LOCAL NO. 12 PENSION PLAN Trade Name, if any: P.O. Box, Bldg., Room No., if any 1230-1236 Street MASSACHUSETTS AVENUE City BOSTON State Massachusetts ZIP Code +4 02125	9. Business deals with: a. Labor Organization b. Trust c. Employer		
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	11.a. Nature of such dealing. TRUSTEE OF TRUST FUNDED THROUGH A CBA FOR THE BENEFIT OF THE MEMBERS AND PARTICIPANTS OF SAID PLAN.		
Street City State ZIP Code + 4	11.b. Approximate dollar value of such dealing. \$98] 12.a. Nature of interest held or income received. REIMBURSEMENT OF LOST WAGES UNDER THE COLLECTIVE BARGAINING AGREEMENT DUE TO ATTENDANCE OF TRUST FUND MEETINGS IN MY CAPACITY AS LABOR TRUSTEE REPRESENTING THE PARTICIPANTS OF SAID TRUST ON 2/12/2004.		
C. Received from any employer (other than an employer covered unde			
or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	14.a. Nature of payment.		
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.		

affie of Person Filling TIMOTHY FANDEL			
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any).	9. Business deals with:		
Name PLUMBERS LOCAL NO. 12 WELFARE PLAN	7507780		
Trade Name, if any:	a. Labor Organization		
P.O. Box, Bldg., Room No., if any 1230-1236	b. Trust		
Street MASSACHUSETTS AVENUE			
City BOSTON			
State Massachusetts ZIP Code + 4 02125			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.		
Name	TRUSTEE OF TRUST FUNDED THROUGH A CBA FOR THE BENEFIT OF THE MEMBERS AND PARTICIPANTS OF SAID PLAN.		
Trade Name, if any:)		
P.O. Box, Bldg., Room No., if any			
Street .	11.b. Approximate dollar value of such dealing. \$98		
City	12.a. Nature of interest held or income received.		
State ZIP Code + 4	REIMBURSEMENT OF LOST WAGES UNDER THE COLLECTIVE BARGAINING AGREEMENT DUE TO ATTENDANCE OF TRUST FUND MEETINGS IN MY CAPACITY AS LABOR TRUSTEE REPRESENTING THE PARTICIPANTS OF SAID TRUST ON 2/12/2004.		
	12.b. Amount. \$98		
	12.5. Amount.		
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street			
The state of the s			
City			
State ZIP Code + 4			
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.		

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Name of Person Filling TIMOTKY FANDEL	File Number U- 26/0
B. Held an interest in or derived income or economic benefit with monetary values substantial part of which consists of buying from, selling or leasing to, or otherwof an employer whose employees your labor organization represents or is actively and the consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	vise dealing with the business vely seeking to represent, or irectly to, or otherwise
8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name PLUMBERS UNION LOCAL NO. 12 ANNUITY PLAN Trade Name, if any:	X a. Labor Organization
P.O. Box, Bldg., Room No., if any 1230-1236	c. Employer
Street MASSACHUSETTS AVENUE	C. Employer
City BOSTON	
State Massachusetts ZIP Code + 4 02125	·
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	PLAN ADMINISTRATION OF COLLECTIVELY BARGAINED EMPLOYEE BENEFIT PLAN.
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	11.b. Approximate dollar value of such dealing. \$5
City	12.a. Nature of interest held or income received.
State ZIP Code + 4	LUNCH SERVED AT THE TRUST MEETING OF FEBRUARY 12, 2004.
	12.b. Amount. \$5
C. Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of mone	ler parts A and B above) y or other thing of value.
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name	

Form LM-30 (2003)

Trade Name, if any:

Street

City

State

P.O. Box, Bidg., Room No., if any

13.b. Is the Business an Employer

or Consultant

?

Name	Ωf	Person	Filina
1401110	· ·	1 013011	1100 854

Timothy FANDEL

File Number U- 26/0

substantial part of which consists of buying from, selling or leasing to, or otherw of an employer whose employees your labor organization represents or is activ (2) any part of which consists of buying from or selling or leasing directly or incidealing with your labor organization or with a trust in which your labor organization.	rise dealing with the business ely seeking to represent, or rectly to, or otherwise
Name and address of Business (including trade name, if any).	9. Business deals with:
Name PLUMBERS UNION LOCAL NO. 12 PENSION PLAN	
Trade Name, if any:	a. Labor Organization
P.O. Box, Bldg., Room No., if any 1230-1236	b. Trust
Street MASSACHUSETTS AVENUE	c. Employer
City BOSTON	
State Massachusetts ZIP Code +4 02125	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	PLAN ADMINISTRATION OF COLLECTIVELY BARGAINED EMPLOYEE BENEFIT PLAN.
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	11.b. Approximate dollar value of such dealing. \$5
City	12.a. Nature of interest held or income received.
State ZIP Code + 4	LUNCH SERVED AT THE TRUST MESTING OF FEBRUARY 12, 2004.
	12.b. Amount. \$5
C. Received from any employer (other than an employer covered undor from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant	er parts A and B above) or other thing of value. 14.a. Nature of payment.
(including trade name, if any).	
Name :	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City	
State ZIP Code + 4	
13.b. is the Business an Employer or Consultant :	14.b. Amount of payment.
	A w

Name of Person Filing Time 7 hy FANDEL	File Number U- 260
B. Held an interest in or derived income or economic benefit with monetary values substantial part of which consists of buying from, selling or leasing to, or otherw of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or included ing with your labor organization or with a trust in which your labor organization.	vise dealing with the business rely seeking to represent, or irectly to, or otherwise
Name and address of Business (including trade name, if any).	9. Business deals with:
Name PLUMBERS UNION LOCAL NO. 12 WELFARE PLAN Trade Name, if any:	a. Labor Organization
P.O. Box, Bldg., Room No., if any 1230-1236	b. Trust
Street MASSACHUSETTS AVENUE	c. Employer
City BOSTON	
State Massachusetts ZIP Code + 4 02125	
10. if 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	PLAN ADMINISTRATION OF COLLECTIVELY BARGAINED EMPLOYEE BENEFIT PLAN.
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street Company of the	11.b. Approximate dollar value of such dealing. \$5
City	
State ZIP Code + 4	12.a. Nature of interest held or income received. LUNCH SERVED AT THE TRUST MEETING OF FEBRUARY 12, 2004.
	12.b. Amount. \$5
C. Received from any employer (other than an employer covered uncor from any labor relations consultant to an employer any payment of mone	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
CRV 1	

13.b. Is the Business an Employer

or Consultant

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State

Name of Person Filing TIMOTHY FANDEL	File Number U- 26/0
B. Held an interest in or derived income or economic benefit with monetary values substantial part of which consists of buying from, selling or leasing to, or otherword an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indidealing with your labor organization or with a trust in which your labor organization.	rise dealing with the business ely seeking to represent, or rectly to, or otherwise
8. Name and address of Business (including trade name, if any). Name PLUMBERS LOCAL NO. 12 WELFARE PLAN Trade Name, if any: P.O. Box, Bldg., Room No., if any 1230-1236 Street MASSACHUSETTS AVENUE City BOSTON State Massachusetts ZIP Code + 4 02125	9. Business deals with: A. Labor Organization b. Trust c. Employer
10. If 9.b, or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	11.a. Nature of such dealing. TRUSTEE OF TRUST FUNDED THROUGH A CBA FOR THE BENEFIT OF THE MEMBERS AND PARTICIPANTS OF SAID PLAN. 11.b. Approximate dollar value of such dealing. \$49 12.a. Nature of interest held or income received. REIMBURSEMENT OF LOST WAGES UNDER THE COLLECTIVE BARGAINING AGREEMENT DUE TO ATTENDANCE OF TRUST FUND MEETINGS IN MY CAPACITY AS LABOR TRUSTEE REPRESENTING THE PARTICIPANTS OF SAID TRUST ON 2/23/2004.
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	or other thing of value.
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	14.a. Nature of payment.
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.

Name of Person Filing TIMOTHY FANDEL	File Number U- 26/0			
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
3. Name and address of Business (including trade name, if any). 9. Business deals with:				
Name PLUMBERS LOCAL NO. 12 PENSION PLAN				
Trade Name, if any:	a. Labor Organization b. Trust			
P.O. Box, Bldg., Room No., if any 1230-1236	c. Employer			
Street MASSACHUSETTS AVENUE				
City BOSTON				
State Massachusetts ZIP Code + 4 02125				
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.			
Name :	TRUSTEE OF TRUST FUNDED THROUGH A CBA FOR THE BENEFIT OF THE MEMBERS AND PARTICIPANTS OF SAID PLAN.			
Trade Name, if any:				
P.O. Box, Bidg., Room No., if any				
Street	11.b. Approximate dollar value of such dealing. \$49			
City	12.a. Nature of interest held or income received.			
State ZIP Code + 4	REIMBURSEMENT OF LOST WAGES UNDER THE COLLECTIVE BARGAINING AGREEMENT DUE TO ATTENDANCE OF TRUST FUND MEETINGS IN MY CAPACITY AS LABOR TRUSTEE REPRESENTING THE PARTICIPANTS OF SAID TRUST ON 2/23/2004.			
	12.b. Amount. \$49			
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.				
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.			
Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street				
City				
State ZIP Code + 4				
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.			

ne of Person Filing TIMOTHY FANDEL		File Number U- 26/0
B. Held an interest in or derived income or economic benefit with monetary va substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is acti (2) any part of which consists of buying from or selling or leasing directly or incidealing with your labor organization or with a trust in which your labor organization.	wise dealing with the busines: vely seeking to represent, or directly to, or otherwise	s
8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name PLUMBERS LOCAL NO. 12 ANNUITY PLAN	a. Labor Organiza	ation
P.O. Box, Bldg., Room No., if any 1230-1236	b. Trust	
Street MASSACHUSETTS AVENUE	c. Employer	
City BOSTON		
State Massachusetts ZIP Code + 4 02125		
10, If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such deal	
Name		FUNDED THROUGH A CBA FOR THE MBERS AND PARTICIPANTS OF SAID
Trade Name, if any:	**************************************	
P.O. Box, Bidg., Room No., if any Street		
Street	11.b. Approximate dollar val	ue of such dealing. \$49
City	12.a. Nature of interest he	ld or income received.
State ZIP Code + 4	BARGAINING AGREEMS MEETINGS IN MY CAN	LOST WAGES UNDER THE COLLECTIVE ENT DUE TO ATTENDANCE OF TRUST FUND PACITY AS LABOR TRUSTEE PARTICIPANTS OF SAID TRUST ON
	12.b. Amount.	m
C. Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of money	y or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name .		
Trade Name, if any:	Addition of the Addition of th	
P.O. Box, Bldg., Room No., if any		
Street .		
State ZIP Code + 4	· ·	
A CONTRACTOR OF THE CONTRACTOR	445	The second secon
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.	

Name of Person Filing TIMOTHY FANDEL		File Number U- 26/0		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any). Name PLUMBERS LOCAL NO. 12 ANNUITY PLAN Trade Name, if any: P.O. Box, Bldg., Room No., if any 1230-1236 Street MASSACHUSETTS AVENUE City BOSTON State Massachusetts ZIP Code + 4 02125	9. Business deals with: a. Labor Organizat b. Trust c. Employer	tion		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such deali	ng.		
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any		UNDED THROUGH A CBA FOR THE BERS AND PARTICIPANTS OF SAID		
and a country consisting to the state of the	The same are a supplemental supplemental and the same supplemental and			
Street	11.b. Approximate dollar valu	ue of such dealing. \$98t		
State ZIP Code + 4	BARGAINING AGREEME MEETINGS IN MY CAP	d or income received. OST WAGES UNDER THE COLLECTIVE INT DUE TO ATTENDANCE OF TRUST FUND PACITY AS LABOR TRUSTEE PARTICIPANTS OF SAID TRUST ON		
	12.b. Amount.	\$98		
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.				
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	and the second of the second o		
Name Trade Name, if any:				
P.O. Box, Bldg., Room No., if any	·			
The state of the s	8 }	. }		
Street		· }		
State ZIP Code + 4				
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.			

Name of Person Filing TIMOTHY FANDEL	File Number U- 26/0			
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any). Name PLUMBERS LOCAL NO. 12 PENSION PLAN Trade Name, if any: P.O. Box, Bldg., Room No., if any 1230-1236 Street MASSACHUSETTS AVENUE City BOSTON State Massachusetts ZIP Code + 4 02125	9. Business deals with: a. Labor Organization b. Trust c. Employer			
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	11.a. Nature of such dealing. TRUSTEE OF TRUST FUNDED THROUGH A CBA FOR THE BENEFIT OF THE MEMBERS AND PARTICIPANTS OF SAID PLAN.			
Street City State ZIP Code + 4	11.b. Approximate dollar value of such dealing. \$98 12.a. Nature of interest held or income received. REIMBURSEMENT OF LOST WAGES UNDER THE COLLECTIVE BARGAINING AGREEMENT DUE TO ATTENDANCE OF TRUST FUND MEETINGS IN MY CAPACITY AS LABOR TRUSTEE REPRESENTING THE PARTICIPANTS OF SAID TRUST ON 3/11/2004.			
C. Received from any employer (other than an employer covered unde				
or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bidg., Room No., if any Street City State ZIP Code + 4	14.a. Nature of payment.			
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.			

Name of Person Filing TIMOTHY FANDEL	File Number U- 26/0			
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any). Name PLUMBERS LOCAL NO. 12 WELFARE PLAN Trade Name, if any: P.O. Box, Bldg., Room No., if any 1230-1236 Street MASSACHUSETTS AVENUE City BOSTON	9. Business deals with: a. Labor Organization b. Trust c. Employer			
State Massachusetts ZIP Code + 4 02125				
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	TRUSTEE OF TRUST FUNDED THROUGH A CBA FOR THE BENEFIT OF THE MEMBERS AND PARTICIPANTS OF SAID PLAN. 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. REIMBURSEMENT OF LOST WAGES UNDER THE COLLECTIVE BARGAINING AGREEMENT DUE TO ATTENDANCE OF TRUST FUND MEETINGS IN MY CAPACITY AS LABOR TRUSTEE REPRESENTING THE PARTICIPANTS OF SAID TRUST ON 3/11/2004.			
	12.b. Amount. \$98			
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.				
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	14.a. Nature of payment.			
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.			

Name of Person Filing TIMOTHY FANDEL	File Number U- 26/0
B. Held an interest in or derived income or economic benefit with monetary valus ubstantial part of which consists of buying from, selling or leasing to, or otherwoof an employer whose employees your labor organization represents or is actively any part of which consists of buying from or selling or leasing directly or indicated with your labor organization or with a trust in which your labor organization.	vise dealing with the business ely seeking to represent, or irectly to, or otherwise
8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name PLUMBERS UNION LOCAL NO. 12 ANNUITY PLAN	
Trade Name, if any:	a. Labor Organization b. Trust
P.O. Box, Bldg., Room No., if any 1230-1236	c. Employer
Street MASSACHUSETTS AVENUE	
City BOSTON State Massachusetts ZIP Code + 4 02125	
	11 a Nature of such deciles
10. If 9.b. or 9.c. is checked give trust or employer's name. Name	11.a. Nature of such dealing. PLAN ADMINISTRATION OF COLLECTIVELY BARGAINED EMPLOYEE BENEFIT PLAN.
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	11.b. Approximate dollar value of such dealing. \$4
City Control of the C	12.a. Nature of interest held or income received.
State ZIP Code + 4	LUNCH SERVED AT THE TRUST MEETING OF MARCH 11, 2004.
	12.b. Amount. \$4
C. Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of money	er parts A and B above) y or other thing of value.
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City	
State ZIP Code + 4	
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.

Name of Person Filing TimoThy FANDEL	File Number U- 26/0	File Number U- 26/0	
B. Held an interest in or derived income or economic benefit with monetary values substantial part of which consists of buying from, selling or leasing to, or otherworf an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	vise dealing with the business rely seeking to represent, or irectly to, or otherwise		
8. Name and address of Business (Including trade name, if any). Name PLUMBERS UNION LOCAL NO. 12 PENSION PLAN Trade Name, if any: P.O. Box, Bldg., Room No., if any 1230-1236 Street MASSACHUSETTS AVENUE City BOSTON State Massachusetts ZIP Code + 4 02125	9. Business deals with: a. Labor Organization b. Trust c. Employer		
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any:	11.a. Nature of such dealing. PLAN ADMINISTRATION OF COLLECTIVELY BARGA EMPLOYEE BENEFIT PLAN.	AINED	
P.O. Box, Bldg., Room No., if any Street	11.b. Approximate dollar value of such dealing.	\$4	
City State ZIP Code + 4	12.a. Nature of interest held or income received. LUNCH SERVED AT THE TRUST MEETING OF MA 2004.	RCH 11,	
	12.b. Amount.	\$4	

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
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Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City	
State ZIP Code + 4	
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.
13.D. 18 the Business an Employer di Consultant	reaction is a contract of

File Number U- 26/0

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested. 8. Name and address of Business (including trade name, if any). 9. Business deals with: Name PLUMBERS UNION LOCAL NO. 12 WELFARE PLAN X a Labor Organization Trade Name, if any: b. Trust P.O. Box, Bldg., Room No., if any 1230-1236 c. Employer Street MASSACHUSETTS AVENUE BOSTON ZIP Code + 4 02125 State Massachusetts 11.a. Nature of such dealing. 10. If 9.b. or 9.c. is checked give trust or employer's name. PLAN ADMINISTRATION OF COLLECTIVELY BARGAINED Name EMPLOYEE BENEFIT PLAN. Trade Name, if any: P.O. Box, Bldg., Room No., if any \$4 11.b. Approximate dollar value of such dealing. City 12.a. Nature of interest held or income received. ZIP Code + 4 LUNCH SERVED AT THE TRUST MEETING OF MARCH 11, State 2004. \$4 12.b. Amount. C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value. 14.a. Nature of payment. 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City ZIP Code + 4 State 14.b. Amount of payment. 13.b. Is the Business an Employer or Consultant

Name of Person Filing TIMOTHY FANDEL	File Number U- 26/0			
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any). Name PLUMBERS LOCAL NO. 12 ANNUITY PLAN Trade Name, if any: P.O. Box, Bldg., Room No., if any 1230-1236 Street MASSACHUSETTS AVENUE City BOSTON State Massachusetts ZIP Code + 4 02125	9. Business deals with: a. Labor Organization b. Trust c. Employer			
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	11.a. Nature of such dealing. TRUSTEE OF TRUST FUNDED THROUGH A CBA FOR THE BENEFIT OF THE MEMBERS AND PARTICIPANTS OF SAID PLAN.			
Street City State ZIP Code + 4	11.b. Approximate dollar value of such dealing. \$86 12.a. Nature of interest held or income received. REIMBURSEMENT OF LOST WAGES UNDER THE COLLECTIVE BARGAINING AGREEMENT DUE TO ATTENDANCE OF TRUST FUND MEETINGS IN MY CAPACITY AS LABOR TRUSTEE REPRESENTING THE PARTICIPANTS OF SAID TRUST ON 4/8/2004.			
	12.b. Amount. \$86			
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money				
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	14.a. Nature of payment.			
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.			

Name of Person Filing TIMOTHY FANDEL		File Number U- 261		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any).	9. Business deals with:			
Name PLUMBERS LOCAL NO. 12 PENSION PLAN	X. a. Labor Organiza	a di ca		
Trade Name, if any:	b. Trust	AUGIT		
P.O. Box, Bldg., Room No., if any 1230-1236	c. Employer	ļ		
Street MASSACHUSETTS AVENUE				
City BOSTON				
State Massachusetts ZIP Code + 4 02125				
10, If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such deal	ing.		
Name :		FUNDED THROUGH A CBA FOR THE MBERS AND PARTICIPANTS OF SAID		
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street	11.b. Approximate dollar val	ue of such dealing. \$86		
City	12.a. Nature of interest he	IA AMAN I I I I I I I I I I I I I I I I I I I		
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	12.b. Amount.	\$86		
C. Received from any employer (other than an employer covered under				
or from any labor relations consultant to an employer any payment of money	, 			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.			
Name	or a community	:.		
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any	AA			
Street		į		
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13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	e mana ar an ann an an		
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Name of Person Filing TIMOTHY FANDEL		File Number U-240		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
Name and address of Business (including trade name, if any). Name PLUMBERS LOCAL NO. 12 WBLFARE PLAN	9. Business deals with:			
Trade Name, if any:	a. Labor Organiza	ation		
P.O. Box, Bldg., Room No., if any 1230-1236 Street MASSACHUSETTS AVENUE	c. Employer			
City BOSTON State Massachusetts ZIP Code + 4 02125				
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such deali	The second secon		
Name		TUNDED THROUGH A CBA FOR THE BERS AND PARTICIPANTS OF SAID		
P.O. Box, Bldg., Room No., if any	e de la constante de la consta			
Street	11.b. Approximate dollar value	ue of such dealing. \$86		
City State ZIP Code + 4	12.a. Nature of interest he REIMBURSEMENT OF I BARGAINING AGREEMI MEETINGS IN MY CAI	The section of AMA		
	12.b. Amount.	\$86		
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.				
Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.			
Name	distance of the control of the contr			
Trade Name, if any:				
P.O. Box, Bidg., Room No., if any	No. of the state o			
Street .				
State ZIP Code + 4		,		
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.			

IMOTHY FANDEL	The Named of Set
B. Held an interest in or derived income or economic benefit with monetary values substantial part of which consists of buying from, selling or leasing to, or otherwork of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	vise dealing with the business ely seeking to represent, or rectly to, or otherwise
8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name PLUMBERS UNION LOCAL NO. 12 ANNUITY PLAN	
Trade Name, if any:	a. Labor Organization b. Trust
P.O. Box, Bldg., Room No., if any 1230-1236	c. Employer
Street MASSACHUSETTS AVENUE	Court To The Property To
City BOSTON	
State Massachusetts ZIP Code + 4 02125	
40 If 0 b, or 0 a is shooked this trust or employed a new	11.a. Nature of such dealing.
10. If 9.b. or 9.c. is checked give trust or employer's name. Name	PLAN ADMINISTRATION OF COLLECTIVELY BARGAINED EMPLOYEE BENEFIT PLAN.
Trade Name, if any:	
The state of the control of the cont	
P.O. Box, Bldg., Room No., if any	
Street	11.b. Approximate dollar value of such dealing. \$4
City State ZIP Code + 4	12.a. Nature of interest held or income received. LUNCH SERVED AT THE TRUST MEETING OF APRIL 8, 2004.
	12.b. Amount. \$4
C. Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of money	
 Name and address of Employer or Labor Relations Consultant (including trade name, if any). 	14.a. Nature of payment.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
†	
City	
City State ZIP Code + 4	

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a

File Number U. 2610

substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested. 8. Name and address of Business (including trade name, if any). 9. Business deals with: Name PLUMBERS UNION LOCAL NO. 12 PENSION PLAN X a. Labor Organization Trade Name, if any: b. Trust P.O. Box, Bidg., Room No., if any 1230-1236 c. Employer Street MASSACHUSETTS AVENUE State Massachusetts ZIP Code + 4 02125 11.a. Nature of such dealing. 10, If 9.b. or 9.c. is checked give trust or employer's name. PLAN ADMINISTRATION OF COLLECTIVELY BARGAINED EMPLOYEE BENEFIT PLAN. Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 11.b. Approximate dollar value of such dealing. City 12.a. Nature of interest held or income received. LUNCH SERVED AT THE TRUST MEETING OF APRIL 8, State : 12.b. Amount. C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value. 14.a. Nature of payment. 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City ZIP Code + 4 State 14.b. Amount of payment. 13.b. is the Business an Employer or Consultant

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Name	OI.	resson	HIIIDO

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a

File Number U. 36/0

substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested. 8. Name and address of Business (including trade name, if any). 9. Business deals with: Name PLUMBERS UNION LOCAL NO. 12 WELFARE PLAN a. Labor Organization Trade Name, if any: b. Trust P.O. Box, Bldg., Room No., if any 1230-1236 c. Employer Street MASSACHUSETTS AVENUE BOSTON City Massachusetts ZIP Code + 4 02125 11.a. Nature of such dealing. 10. If 9.b. or 9.c. is checked give trust or employer's name, PLAN ADMINISTRATION OF COLLECTIVELY BARGAINED EMPLOYEE BENEFIT PLAN. Trade Name, if any: P.O. Box, Bidg., Room No., if any 11.b. Approximate dollar value of such dealing. \$4 12.a. Nature of interest held or income received. LUNCH SERVED AT THE TRUST MEETING OF APRIL 8, 2004. C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value. 14.a, Nature of payment. 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any ZIP Code + 4 14.b. Amount of payment. 13.b. Is the Business an Employer or Consultant

Name of Person Fining TIMOTHY FANDEL		The Number of 2670		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any).	9. Business deals with:			
Name PLUMBERS LOCAL NO. 12 ANNUITY PLAN				
Trade Name, if any:	a. Labor Organizat	on		
P.O. Box, Bldg., Room No., if any 1230-1236	b. Trust c. Employer			
Street MASSACHUSETTS AVENUE	o. Employor			
City BOSTON				
State Massachusetts ZIP Code + 4 02125				
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealir	g.		
Name :		INDED THROUGH A CBA FOR THE BERS AND PARTICIPANTS OF SAID		
Trade Name, if any:	Book married and the state of t			
P.O. Box, Bldg., Room No., if any	An artificial			
Street	11.b. Approximate dollar valu	e of such dealing. \$61		
City	12.a. Nature of interest held	or income received.		
State ZIP Code + 4	REIMBURSEMENT OF L BARGAINING AGREEME MEETINGS IN MY CAP.	or income received. OST WAGES UNDER THE COLLECTIVE NT DUE TO ATTENDANCE OF TRUST FUND ACITY AS LABOR TRUSTEE ARTICIPANTS OF SAID TRUST ON		
Company of Manager Control of the Assessment of the Control of the	REIMBURSEMENT OF L BARGAINING AGREEME MEETINGS IN MY CAP. REPRESENTING THE P. 4/30/2004.	OST WAGES UNDER THE COLLECTIVE NT DUE TO ATTENDANCE OF TRUST FUND ACITY AS LABOR TRUSTEE ARTICIPANTS OF SAID TRUST ON		
Company of Manager Control of the Assessment of the Control of the	REIMBURSEMENT OF L BARGAINING AGREEME MEETINGS IN MY CAP, REPRESENTING THE P.	OST WAGES UNDER THE COLLECTIVE NT DUE TO ATTENDANCE OF TRUST FUND ACITY AS LABOR TRUSTEE		
Company of Manager Control of the Assessment of the Control of the	REIMBURSEMENT OF LIBARGAINING AGREEME MEETINGS IN MY CAP. REPRESENTING THE P. 4/30/2004. 12.b. Amount.	OST WAGES UNDER THE COLLECTIVE NT DUE TO ATTENDANCE OF TRUST FUND ACITY AS LABOR TRUSTEE ARTICIPANTS OF SAID TRUST ON		
State ZIP Code + 4 C. Received from any employer (other than an employer covered under	REIMBURSEMENT OF LIBARGAINING AGREEME MEETINGS IN MY CAP. REPRESENTING THE P. 4/30/2004. 12.b. Amount.	OST WAGES UNDER THE COLLECTIVE NT DUE TO ATTENDANCE OF TRUST FUND ACITY AS LABOR TRUSTEE ARTICIPANTS OF SAID TRUST ON		
C. Received from any employer (other than an employer covered undor from any labor relations consultant to an employer any payment of money	REIMBURSEMENT OF LIBARGAINING AGREEME MEETINGS IN MY CAP. REPRESENTING THE P. 4/30/2004. 12.b. Amount. er parts A and B above) or other thing of value.	OST WAGES UNDER THE COLLECTIVE NT DUE TO ATTENDANCE OF TRUST FUND ACITY AS LABOR TRUSTEE ARTICIPANTS OF SAID TRUST ON		
C. Received from any employer (other than an employer covered undor from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	REIMBURSEMENT OF LIBARGAINING AGREEME MEETINGS IN MY CAP. REPRESENTING THE P. 4/30/2004. 12.b. Amount. er parts A and B above) or other thing of value.	OST WAGES UNDER THE COLLECTIVE NT DUE TO ATTENDANCE OF TRUST FUND ACITY AS LABOR TRUSTEE ARTICIPANTS OF SAID TRUST ON		
C. Received from any employer (other than an employer covered undor from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name	REIMBURSEMENT OF LIBARGAINING AGREEME MEETINGS IN MY CAP. REPRESENTING THE P. 4/30/2004. 12.b. Amount. er parts A and B above) or other thing of value.	OST WAGES UNDER THE COLLECTIVE NT DUE TO ATTENDANCE OF TRUST FUND ACITY AS LABOR TRUSTEE ARTICIPANTS OF SAID TRUST ON		
C. Received from any employer (other than an employer covered undor from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any:	REIMBURSEMENT OF LIBARGAINING AGREEME MEETINGS IN MY CAP. REPRESENTING THE P. 4/30/2004. 12.b. Amount. er parts A and B above) or other thing of value.	OST WAGES UNDER THE COLLECTIVE NT DUE TO ATTENDANCE OF TRUST FUND ACITY AS LABOR TRUSTEE ARTICIPANTS OF SAID TRUST ON		
C. Received from any employer (other than an employer covered undor from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	REIMBURSEMENT OF LIBARGAINING AGREEME MEETINGS IN MY CAP. REPRESENTING THE P. 4/30/2004. 12.b. Amount. er parts A and B above) or other thing of value.	OST WAGES UNDER THE COLLECTIVE NT DUE TO ATTENDANCE OF TRUST FUND ACITY AS LABOR TRUSTEE ARTICIPANTS OF SAID TRUST ON		
C. Received from any employer (other than an employer covered undor from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street	REIMBURSEMENT OF LIBARGAINING AGREEME MEETINGS IN MY CAP. REPRESENTING THE P. 4/30/2004. 12.b. Amount. er parts A and B above) or other thing of value.	OST WAGES UNDER THE COLLECTIVE NT DUE TO ATTENDANCE OF TRUST FUND ACITY AS LABOR TRUSTEE ARTICIPANTS OF SAID TRUST ON		
C. Received from any employer (other than an employer covered undoor from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City	REIMBURSEMENT OF LIBARGAINING AGREEME MEETINGS IN MY CAP. REPRESENTING THE P. 4/30/2004. 12.b. Amount. er parts A and B above) or other thing of value.	OST WAGES UNDER THE COLLECTIVE NT DUE TO ATTENDANCE OF TRUST FUND ACITY AS LABOR TRUSTEE ARTICIPANTS OF SAID TRUST ON		

Name of Person Filing TIMOTHY FANDEL	File Number U- 2610			
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any). Name PLUMBERS LOCAL NO. 12 PENSION PLAN Trade Name, if any: P.O. Box, Bidg., Room No., if any 1230-1236 Street MASSACHUSETTS AVENUE City BOSTON State Massachusetts ZIP Code + 4 02125	9. Business deals with: a. Labor Organization b. Trust c. Employer			
10. If 9.b. or 9.c. is checked give trust or employer's name. Name	11.a. Nature of such dealing. TRUSTEE OF TRUST FUNDED THROUGH A CBA FOR THE BENEFIT OF THE MEMBERS AND PARTICIPANTS OF SAID			
P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	11.b. Approximate dollar value of such dealing. \$61 12.a. Nature of interest held or income received. REIMBURSEMENT OF LOST WAGES UNDER THE COLLECTIVE BARGAINING AGREEMENT DUE TO ATTENDANCE OF TRUST FUND MEETINGS IN MY CAPACITY AS LABOR TRUSTEE REPRESENTING THE PARTICIPANTS OF SAID TRUST ON 4/30/2004.			
	12.b. Amount. \$61			
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money				
Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.			
Name				
Trade Name, if any:				
P.O. Box, Bidg., Room No., if any				
Street				
State ZIP Code + 4				
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.			

ame of Person Filing TIMOTHY FANDEL		File Number U- 26/0	
B. Held an interest in or derived income or economic benefit with monetary values substantial part of which consists of buying from, selling or leasing to, or otherwof an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or incidealing with your labor organization or with a trust in which your labor organization.	rise dealing with the business ely seeking to represent, or irectly to, or otherwise	s	
8. Name and address of Business (including trade name, if any).	9. Business deals with:		
Name PLUMBERS LOCAL NO. 12 WELFARE PLAN	🗙 a. Labor Organiza		}
Trade Name, if any:	a. Labor Organiza	nion	
P.O. Box, Bidg., Room No., if any 1230-1236	c. Employer		
Street MASSACHUSETTS AVENUE	i)
City BOSTON			
State Massachusetts ZIP Code + 4 02125			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such deali	A SECTION OF THE PROPERTY OF T	
Name	TRUSTEE OF TRUST F BENEFIT OF THE MEM PLAN.	UNDED THROUGH A CBA FOR THE IBERS AND PARTICIPANTS OF SAID	:
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any	4 · · · · · · · · · · · · · · · · · · ·		
Street	11.b. Approximate dollar valu	ue of such dealing.	\$61
City	12.a. Nature of interest hel	ld or income received.	
State ZIP Code + 4	BARGAINING AGREEMS MEETINGS IN MY CAS	LOST WAGES UNDER THE COLLECTIVENT DUE TO ATTENDANCE OF TRUST PACITY AS LABOR TRUSTEE PARTICIPANTS OF SAID TRUST ON	
	t sankillilililililiggada va välkadimen avan en en akkillililililililili.	And the standard of the standard standard of the standard standard standard of the standard standard of the standard standard of the standard stand	* 1.5% * 1.5%
	12.b. Amount.	A STATE OF THE PROPERTY OF THE	\$61
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money		1 <u> </u>	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		100.5
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Trade Name, if any:	weathermore the same same		: :
P.O. Box, Bldg., Room No., if any	Administrative of the second		:
Street	Turrentan .		
City	· adility.		; }
State ZIP Code + 4			;
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.		5344 · · ·

Name of Person Filing TIMOTHY FANDEL	File Number 0- 227		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
Name and address of Business (including trade name, if any).	9. Business deals with:		
Name PLUMBERS LOCAL NO. 12 ANNUITY PLAN	50 P		
Trade Name, if any:	a. Labor Organization		
P.O. Box, Bldg., Room No., if any 1230-1236	b. Trust		
Street MASSACHUSETTS AVENUE	c. Employer		
City BOSTON			
State Massachusetts ZIP Code + 4 02125			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.		
Name (TRUSTEE OF TRUST FUNDED THROUGH A CBA FOR THE BENEFIT OF THE MEMBERS AND PARTICIPANTS OF SAID		
Trade Name, if any:	PLAN.		
P.O. Box, Bldg., Room No., if any			
Street	11.b. Approximate dollar value of such dealing. \$73		
City	12.a. Nature of interest held or income received.		
State ZIP Code + 4	REIMBURSEMENT OF LOST WAGES UNDER THE COLLECTIVE BARGAINING AGREEMENT DUE TO ATTENDANCE OF TRUST FUND MEETINGS IN MY CAPACITY AS LABOR TRUSTEE REPRESENTING THE PARTICIPANTS OF SAID TRUST ON 5/14/2004.		
	12.b. Amount, \$73)		
	12.0. Amount.		
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		
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P.O. Box, Bldg., Room No., if any	The state of the s		
Anneal information of the control of	Transference Trans		
P.O. Box, Bldg., Room No., if any			
P.O. Box, Bldg., Room No., if any Street			
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TRAIL OF CISCOTT HING ILMOTHI FANDEL	- Contained of the	70	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any).	9. Business deals with:		
Name PLUMBERS LOCAL NO. 12 PENSION PLAN	a. Labor Organization		
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P.O. Box, Bldg., Room No., if any 1230-1236	·········	:	
Street MASSACHUSETTS AVENUE	c. Employer	i	
City BOSTON			
State Massachusetts ZIP Code + 4 02125		,	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	· · · · · · · · · · · · · · · · · · ·	
Name	TRUSTEE OF TRUST FUNDED THROUGH A BENEFIT OF THE MEMBERS AND PARTIC PLAN.		
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street	11.b. Approximate dollar value of such dealing.	\$73	
City	12.a. Nature of interest held or income received.		
State ZIP Code + 4	REIMBURSEMENT OF LOST WAGES UNDER BARGAINING AGREEMENT DUE TO ATTEN MEETINGS IN MY CAPACITY AS LABOR REPRESENTING THE PARTICIPANTS OF 5/14/2004.	DANCE OF TRUST FUND TRUSTEE	
	12.b. Amount.	\$73	
		As the condition of the control of t	
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		
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P.O. Box, Bldg., Room No., if any		!	
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13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	and deleting on a secretary of the second	
Total and additional and an employer of Contounding 1			

Name of Person Filing TIMOTHY FANDEL	File Number U- 26/0		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any). Name PLUMBERS LOCAL NO. 12 WELFARE PLAN Trade Name, if any: P.O. Box, Bldg., Room No., if any 1230-1236 Street MASSACHUSETTS AVENUE City BOSTON State Massachusetts ZIP Code +4 02125 10. If 9.b. or 9.c. is checked give trust or employer's name.	9. Business deals with: A. Labor Organization b. Trust c. Employer 11.a. Nature of such dealing.		
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	TRUSTEE OF TRUST FUNDED THROUGH A CBA FOR THE BENEFIT OF THE MEMBERS AND PARTICIPANTS OF SAID PLAN.		
City State ZIP Code + 4	11.b. Approximate dollar value of such dealing. \$73 12.a. Nature of interest held or income received. REIMBURSEMENT OF LOST WAGES UNDER THE COLLECTIVE BARGAINING AGREEMENT DUE TO ATTENDANCE OF TRUST FUND MEETINGS IN MY CAPACITY AS LABOR TRUSTEE REPRESENTING THE PARTICIPANTS OF SAID TRUST ON 5/14/2004.		
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bidg., Room No., if any Street City State ZIP Code + 4	14.a. Nature of payment		
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.		

Name of Person Filing TimoThy FANDEL	File Number U- 26/0
B. Held an interest in or derived income or economic benefit with monetary valus substantial part of which consists of buying from, selling or leasing to, or otherw of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	rise dealing with the business ely seeking to represent, or rectly to, or otherwise
8. Name and address of Business (including trade name, if any). Name PLUMBERS UNION LOCAL NO. 12 ANNUITY PLAN Trade Name, if any: P.O. Box, Bldg., Room No., if any 1230-1236 Street MASSACHUSETTS AVENUE City BOSTON State Massachusetts ZIP Code + 4 02125	9. Business deals with: A. Labor Organization b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bidg., Room No., if any Street	11.a. Nature of such dealing. PLAN ADMINISTRATION OF COLLECTIVELY BARGAINED EMPLOYEE BENEFIT PLAN.
City State ZIP Code + 4	11.b. Approximate dollar value of such dealing. \$5 12.a. Nature of interest held or income received. LUNCH SERVED AT THE TRUST MEETING OF MAY 14, 2004. 12.b. Amount. \$5
C. Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name	er parts A and B above) y or other thing of value. 14.a. Nature of payment.
Trade Name, if any:	

Street

City

State

P.O. Box, Bldg., Room No., if any

13.b. Is the Business an Employe.

or Consultant

Name of Person Filing TIMOTHY FANDEL	File Number U- 26/0
B. Held an interest in or derived income or economic benefit with monetary values substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is actively any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or irectly to, or otherwise
8. Name and address of Business (including trade name, if any). Name PLUMBERS UNION LOCAL NO. 12 PENSION PLAN Trade Name, if any: P.O. Box, Bldg., Room No., if any 1230-1236 Street MASSACHUSETTS AVENUE City BOSTON State Massachusetts ZIP Code + 4 02125	9. Business deals with: A a. Labor Organization b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	11.a. Nature of such dealing. PLAN ADMINISTRATION OF COLLECTIVELY BARGAINED EMPLOYEE BENEFIT PLAN.
Street City State ZIP Code + 4	11.b. Approximate dollar value of such dealing. \$5 12.a. Nature of interest held or income received. LUNCH SERVED AT THE TRUST MEETING OF MAY 14, 2004.
©. Received from any employer (other than an employer covered undor from any labor relations consultant to an employer any payment of mone	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City	14.a. Nature of payment.
State ZIP Code + 4 13.b. is the Business an Employer or Consultant?	14.b. Amount of payment.

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Name	OΤ	Person	Filling

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business

File Number U- 2610

of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested. 8. Name and address of Business (including trade name, if any). 9. Business deals with: Name PLUMBERS UNION LOCAL NO. 12 WELFARE PLAN X a. Labor Organization Trade Name, if any: P.O. Box, Bldg., Room No., if any 1230-1236 c. Employer Street MASSACHUSETTS AVENUE BOSTON ZIP Code + 4 02125 State Massachusetts 11.a. Nature of such dealing. 10. If 9.b. or 9.c. is checked give trust or employer's name. PLAN ADMINISTRATION OF COLLECTIVELY BARGAINED Name EMPLOYEE BENEFIT PLAN. Trade Name, if any: P.O. Box, Bldg., Room No., if any 11.b. Approximate dollar value of such dealing. City 12.a. Nature of interest held or income received. LUNCH SERVED AT THE TRUST MEETING OF MAY 14, 2004. State \$5 12.b. Amount. C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value. 14.a. Nature of payment. 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City ZIP Code + 4 14.b. Amount of payment. or Consultant 13.b. Is the Business an Employer

Name of Person Filing TIMOTHY FANDEL	File Number U- 6/10			
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
Name and address of Business (including trade name, if any).	9. Business deals with:			
Name PLUMBERS LOCAL NO. 12 ANNUITY PLAN	X a. Labor Organization			
Trade Name, if any:	b. Trust			
P.O. Box, Bidg., Room No., if any 1230-1236	c. Employer			
Street MASSACHUSETTS AVENUE	Soldware.			
City BOSTON				
State Massachusetts ZIP Code + 4 02125				
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.			
Name	TRUSTEE OF TRUST FUNDED THROUGH A CBA FOR THE BENEFIT OF THE MEMBERS AND PARTICIPANTS OF SAID PLAN.			
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street	11.b. Approximate dollar value of such dealing. \$73			
City :	12.a. Nature of interest held or income received.			
State ZIP Code + 4	REIMBURSEMENT OF LOST WAGES UNDER THE COLLECTIVE BARGAINING AGREEMENT DUE TO ATTENDANCE OF TRUST FUND MEETINGS IN MY CAPACITY AS LABOR TRUSTEE REPRESENTING THE PARTICIPANTS OF SAID TRUST ON 6/1/2004.			
	12.b. Amount. \$73			
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money				
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.			
Name	The second secon			
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street				
City				
State ZIP Code + 4				
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.			

ame of Person Filing TIMOTHY FANDEL		File Number U-26/0
B. Held an interest in or derived income or economic benefit with monetary values substantial part of which consists of buying from, selling or leasing to, or otherword an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or ind dealing with your labor organization or with a trust in which your labor organization.	rise dealing with the business ely seeking to represent, or rectly to, or otherwise	5
8. Name and address of Business (including trade name, if any). Name PLUMBERS LOCAL NO. 12 PENSION PLAN Trade Name, if any: P.O. Box, Bldg., Room No., if any 1230-1236 Street MASSACHUSETTS AVENUE City BOSTON State Massachusetts ZIP Code + 4 02125	9. Business deals with: a. Labor Organiza b. Trust c. Employer	tion
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such deal	ing.
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	F	UNDED THROUGH A CBA FOR THE BERS AND PARTICIPANTS OF SAID
Street	11.b. Approximate dollar value	ue of such dealing. \$73
City State ZIP Code + 4	12.a. Nature of interest hel REIMBURSEMENT OF I BARGAINING AGREEME MEETINGS IN MY CAR	<u> </u>
	12.b. Amount.	\$73
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	r parts A and B above) or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	; ;
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any Street		
City		
State ZIP Code + 4		
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	The second section of the sect

Name of Person Filing TIMOTHY FANDEL	File Number U- 2610			
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any). Name PLUMBERS LOCAL NO. 12 WELFARE PLAN Trade Name, if any: P.O. Box, Bldg., Room No., if any 1230-1236 Street MASSACHUSETTS AVENUE City BOSTON State Massachusetts ZIP Code + 4 02125	9. Business deals with: a. Labor Organization b. Trust c. Employer			
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	11.a. Nature of such dealing. TRUSTEE OF TRUST FUNDED THROUGH A CBA FOR THE BENEFIT OF THE MEMBERS AND PARTICIPANTS OF SAID PLAN.			
Street City State ZIP Code + 4	11.b. Approximate dollar value of such dealing. \$73 12.a. Nature of interest held or income received. REIMBURSEMENT OF LOST WAGES UNDER THE COLLECTIVE BARGAINING AGREEMENT DUE TO ATTENDANCE OF TRUST FUND MEETINGS IN MY CAPACITY AS LABOR TRUSTEE REPRESENTING THE PARTICIPANTS OF SAID TRUST ON 6/1/2004.			
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money				
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	14.a. Nature of payment.			
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.			

Name of Person Filling TIMOTHY FANDEC	File Number U- 2610
B. Held an interest in or derived income or economic benefit with monetary values substantial part of which consists of buying from, selling or leasing to, or otherwoof an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	ise dealing with the business by seeking to represent, or rectly to, or otherwise
8. Name and address of Business (including trade name, if any). Name PLUMBERS UNION LOCAL NO. 12 ANNUITY PLAN Trade Name, if any: P.O. Box, Bldg., Room No., if any 1230-1236 Street MASSACHUSETTS AVENUE City BOSTON State Massachusetts ZIP Code + 4 02125 10. If 9.b. or 9.c. is checked give trust or employer's name.	9. Business deals with: a. Labor Organization b. Trust c. Employer 11.a. Nature of such dealing.
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	PLAN ADMINISTRATION OF COLLECTIVELY BARGAINED EMPLOYEE BENEFIT PLAN.
Street	11.b. Approximate dollar value of such dealing. \$5
City State ZIP Code + 4	12.a. Nature of interest held or income received. LUNCH SERVED AT THE TRUST MEETING OF JUNE 1, 2004. 12.b. Amount. \$5
	12.0. Periodiff.
C. Received from any employer (other than an employer covered undo or from any labor relations consultant to an employer any payment of money	er parts A and B above) or other thing of value.
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bidg., Room No., if any	14.a. Nature of payment.
The second of th	

13.b. Is the Business an Employer

ZIP Code + 4

or Consultant

Street

City

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name	Οī	Person	нипа

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a

File Number U- 26/C

substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested. 8. Name and address of Business (including trade name, if any). 9. Business deals with: Name PLUMBERS UNION LOCAL NO. 12 PENSION PLAN X a. Labor Organization Trade Name, if any: b. Trust P.O. Box, Bldg., Room No., if any 1230-1236 c. Employer Street MASSACHUSETTS AVENUE BOSTON City Massachusetts ZIP Code + 4 02125 State 11.a. Nature of such dealing. 10. If 9.b. or 9.c. is checked give trust or employer's name. PLAN ADMINISTRATION OF COLLECTIVELY BARGAINED Name EMPLOYEE BENEFIT PLAN. Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 11.b. Approximate dollar value of such dealing. City 12.a. Nature of interest held or income received. LUNCH SERVED AT THE TRUST MEETING OF JUNE 1, 2004. ZIP Code + 4 State \$5 12 h Amount C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value. 14.a. Nature of payment. 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any), Trade Name, if any: P.O. Box, Bidg., Room No., if any Street · ZIP Code + 4 14.b. Amount of payment. or Consultant 13.b. Is the Business an Employer

Name of Person Filing TimoThy FANDEL	File Number U- 26/0
B. Held an interest in or derived income or economic benefit with monetary versubstantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is act (2) any part of which consists of buying from or selling or leasing directly or in dealing with your labor organization or with a trust in which your labor organization.	rwise dealing with the business ively seeking to represent, or directly to, or otherwise
8. Name and address of Business (including trade name, if any). Name PLUMBERS UNION LOCAL NO. 12 WELFARE PLAN Trade Name, if any: P.O. Box, Bldg., Room No., if any 1230-1236 Street MASSACHUSETTS AVENUE City BOSTON State Massachusetts ZiP Code + 4 02125	9. Business deals with: a. Labor Organization b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	11.a. Nature of such dealing. PLAN ADMINISTRATION OF COLLECTIVELY BARGAINED EMPLOYEE BENEFIT PLAN.
Street	11.b. Approximate dollar value of such dealing. \$5.
City State ZIP Code + 4	12.a. Nature of interest held or income received. LUNCH SERVED AT THE TRUST MEETING OF JUNE 1, 2004.
	12.b. Amount. \$5
C. Received from any employer (other than an employer covered un or from any labor relations consultant to an employer any payment of mon	der parts A and B above)
13.a. Name and address of Employer or Labor Relations Consultant (Including trade name, if any). Name Trade Name, if any:	14.a, Nature of payment.
P.O. Box, Bidg., Room No., if any	

13.b. Is the Business an Employer

ZIP Code + 4

or Consultant

?

Street

City

Name of Person Filing TIMOTHY FANDEL	File Number U- 26/0		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any). Name PLUMBERS LOCAL NO. 12 PENSION PLAN Trade Name, if any: P.O. Box, Bldg., Room No., if any 1230-1236 Street MASSACHUSETTS AVENUE City BOSTON State Massachusetts ZIP Code + 4 02125	9. Business deals with: A. Labor Organization b. Trust c. Employer		
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	11.a. Nature of such dealing. TRUSTEE OF TRUST FUNDED THROUGH A CBA FOR THE BENEFIT OF THE MEMBERS AND PARTICIPANTS OF SAID PLAN.		
City State ZIP Code + 4	11.b. Approximate dollar value of such dealing. \$61 12.a. Nature of interest held or income received. REIMBURSEMENT OF LOST WAGES UNDER THE COLLECTIVE BARGAINING AGREEMENT DUE TO ATTENDANCE OF TRUST FUND MEETINGS IN MY CAPACITY AS LABOR TRUSTEE REPRESENTING THE PARTICIPANTS OF SAID TRUST ON 7/8/2004.		
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4			
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.		

Name of Person Filing TIMOTHY FANDEL		File Number U- 26/0	
B. Held an interest in or derived income or economic benefit with monetary valus ubstantial part of which consists of buying from, selling or leasing to, or otherwof an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	rise dealing with the business ely seeking to represent, or rectly to, or otherwise	3	
Name and address of Business (including trade name, if any).	9. Business deals with:		
Name PLUMBERS LOCAL NO. 12 ANNUITY PLAN	~		
Trade Name, if any:	a. Labor Organiza	tion	
P.O. Box, Bidg., Room No., if any 1230-1236	b. Trust		
Street MASSACHUSETTS AVENUE	c. Employer		
City BOSTON			
State Massachusetts ZIP Code + 4 02125			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such deali	ng.	
Name:	A STATE OF THE STA	UNDED THROUGH A CBA BERS AND PARTICIPANT	
Trade Name, if any:	PLIAN.		
P.O. Box, Bldg., Room No., if any	The state of the s		i
Street	11.b. Approximate dollar value	Je of such dealing.	\$61
City	12.a. Nature of interest hel		
State ZIP Code + 4	BARGAINING AGREEME MEETINGS IN MY CAI	OST WAGES UNDER THE ENT DUE TO ATTENDANCE PACITY AS LABOR TRUST ARTICIPANTS OF SAID	OF TRUST FUND
			: · · · · · · · · · · · · · · · · · · ·
	12.b. Amount.		\$61
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money			-
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	- Commence of the control of the con	· · · · · · · · · · · · · · · · · · ·
Name	van en en		!
Trade Name, if any:			:
P.O. Box, Bldg., Room No., if any	· v · Analabass		
Street			:
City	e management states		
State , ZIP Code + 4			
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	A	A Address of the second of the
of Oursulate		₹ _{₩ = "}	

Name of Person Filing TIMOTHY FANDEL	File Number U- 2610		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any). Name PLUMBERS LOCAL NO. 12 WELFARE PLAN Trade Name, if any: P.O. Box, Bldg., Room No., if any 1230-1236 Street MASSACHUSETTS AVENUE City BOSTON State Massachusetts ZIP Code + 4 02125	9. Business deals with: A Labor Organization b. Trust c. Employer		
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	TRUSTEE OF TRUST FUNDED THROUGH A CBA FOR THE BENEFIT OF THE MEMBERS AND PARTICIPANTS OF SAID PLAN.		
Street City State ZIP Code + 4	11.b. Approximate dollar value of such dealing. \$61 12.a. Nature of interest held or income received. REIMBURSEMENT OF LOST WAGES UNDER THE COLLECTIVE BARGAINING AGREEMENT DUE TO ATTENDANCE OF TRUST FUND MEETINGS IN MY CAPACITY AS LABOR TRUSTEE REPRESENTING THE PARTICIPANTS OF SAID TRUST ON 7/8/2004.		
C. Received from any employer (other than an employer covered unde	12.b. Amount. \$61 er parts A and B above)		
or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bidg., Room No., if any Street City State ZIP Code + 4	or other thing of value. 14.a. Nature of payment.		
13.b. is the Business an Employer or Consultant ?	14.b. Amount of payment.		

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File Number U- 2610

substantial part of which consists of buying from, selling or leasing to, or otherw of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	vise dealing with the business ely seeking to represent, or irectly to, or otherwise
8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name PLUMBERS UNION LOCAL NO. 12 ANNUITY PLAN	4.4%
Trade Name, if any:	X a. Labor Organization
P.O. Box, Bldg., Room No., if any 1230-1236	b. Trust c. Employer
Street MASSACHUSETTS AVENUE	5 =1p.s/6.
City BOSTON	
State Massachusetts ZIP Code + 4 02125	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	PLAN ADMINISTRATION OF COLLECTIVELY BARGAINED EMPLOYEE BENEFIT PLAN.
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	11.b. Approximate dollar value of such dealing. \$5
City	12.a. Nature of interest held or income received.
State ZIP Code + 4	LUNCH SERVED AT THE TRUST MEETING OF JULY 8, 2004.
	12.b. Amount. \$5
C. Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of money	or other thing of value.
 Name and address of Employer or Labor Relations Consultant (including trade name, if any). 	14.a. Nature of payment.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City	
State ZIP Code + 4	
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.

Name of Person Fi	lina
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a

File Number U- 26/

substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested. 8. Name and address of Business (including trade name, if any). 9. Business deals with: Name PLUMBERS UNION LOCAL NO. 12 PENSION PLAN X a. Labor Organization Trade Name, if any: b. Trust P.O. Box, Bldg., Room No., if any 1230-1236 c. Employer Street MASSACHUSETTS AVENUE City Massachusetts State 11.a. Nature of such dealing. 10. If 9.b. or 9.c. is checked give trust or employer's name. PLAN ADMINISTRATION OF COLLECTIVELY BARGAINED Name EMPLOYEE BENEFIT PLAN. Trade Name, if any: P.O. Box, Bldg., Room No., if any 11.b. Approximate dollar value of such dealing. \$5 12.a. Nature of interest held or income received. LUNCH SERVED AT THE TRUST MEETING OF JULY 8, 2004. State ZIP Code + 4 \$5 C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value. 14.a. Nature of payment. 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City

14.b. Amount of payment.

or Consultant

13.b. Is the Business an Employer

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Timothy FANDEL

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a

File Number	U-	2	6	/	6

substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested. 8. Name and address of Business (including trade name, if any). 9. Business deals with: Name PLUMBERS UNION LOCAL NO. 12 WELFARE PLAN X a. Labor Organization Trade Name, if any: b. Trust P.O. Box, Bldg., Room No., if any 1230-1236 c. Employer Street MASSACHUSETTS AVENUE City ZIP Code + 4 02125 Massachusetts 11.a. Nature of such dealing. 10. If 9.b. or 9.c. is checked give trust or employer's name. PLAN ADMINISTRATION OF COLLECTIVELY BARGAINED Name EMPLOYEE BENEFIT PLAN. Trade Name, if any: P.O. Box, Bldg., Room No., if any 11.b. Approximate dollar value of such dealing. \$5. City 12.a. Nature of interest held or income received. LUNCH SERVED AT THE TRUST MEETING OF JULY 8, 2004. 12.b. Amount. C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value. 14.a. Nature of payment. 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bidg., Room No., if any Street City 14.b. Amount of payment 13.b. Is the Business an Employer or Consultant

Name of Person Filing TIMOTHY FANDEL	File Number U- 26/ C
B. Held an interest in or derived income or economic benefit with monetary valus ubstantial part of which consists of buying from, selling or leasing to, or otherwork an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indidealing with your labor organization or with a trust in which your labor organization.	rise dealing with the business ely seeking to represent, or rectly to, or otherwise
Name and address of Business (including trade name, if any).	9. Business deals with:
Name PLUMBERS LOCAL NO. 12 ANNUITY PLAN	a. Labor Organization
Trade Name, if any:	b. Trust
P.O. Box, Bldg., Room No., if any 1230–1236	c. Employer
Street MASSACHUSETTS AVENUE	,
City BOSTON	
State Massachusetts ZIP Code + 4 02125	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	TRUSTEE OF TRUST FUNDED THROUGH A CBA FOR THE BENEFIT OF THE MEMBERS AND PARTICIPANTS OF SAID
Trade Name, if any:	PLAN.
P.O. Box, Bldg., Room No., if any	
Street	11.b. Approximate dollar value of such dealing. \$73
City	12.a. Nature of interest held or income received.
State ZIP Code + 4	REIMBURSEMENT OF LOST WAGES UNDER THE COLLECTIVE BARGAINING AGREEMENT DUB TO ATTENDANCE OF TRUST FUND MEETINGS IN MY CAPACITY AS LABOR TRUSTEE REPRESENTING THE PARTICIPANTS OF SAID TRUST ON 7/20/2004.
	12.b. Amount. \$73
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	· · · · · · · · · · · · · · · · · · ·
Street	
City	
State ZIP Code + 4	
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.

Name of Person Filing TIMOTHY FANDEL	FANDEL File Number U- 26/C		
B. Held an interest in or derived income or economic benefit with monetary val substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is actifully any part of which consists of buying from or selling or leasing directly or included ing with your labor organization or with a trust in which your labor organization.	vise dealing with the business rely seeking to represent, or irectly to, or otherwise		
8. Name and address of Business (including trade name, if any).	9. Business deals with:		
Name PLUMBERS LOCAL NO. 12 PENSION PLAN	V		
Trade Name, if any:	a. Labor Organization b. Trust		
P.O. Box, Bidg., Room No., if any 1230-1236	c. Employer		
Street MASSACHUSETTS AVENUE			
City BOSTON			
State Massachusetts ZIP Code + 4 02125			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.		
Name	TRUSTEE OF TRUST FUNDED THE BENEFIT OF THE MEMBERS AND PLAN.		
Trade Name, if any:	Management of the Control of the Con	Ì	
P.O. Box, Bldg., Room No., if any			
Street	11.b. Approximate dollar value of such de	ealing \$73	
	11.b. Approximate dollar value of such de	And the second s	
City	12.a. Nature of interest held or income	<u> </u>	
City	12.a. Nature of interest held or income REIMBURSEMENT OF LOST WAGE	Preceived. SOUNDER THE COLLECTIVE TO ATTENDANCE OF TRUST FUND LABOR TRUSTEE	
City	12.a. Nature of interest held or income REIMBURSEMENT OF LOST WAGE BARGAINING AGREEMENT DUE TO MEETINGS IN MY CAPACITY AS REPRESENTING THE PARTICIPATION.	Preceived. SOUNDER THE COLLECTIVE TO ATTENDANCE OF TRUST FUND LABOR TRUSTEE	
City	12.a. Nature of interest held or income REIMBURSEMENT OF LOST WAGE BARGAINING AGREEMENT DUE TO MEETINGS IN MY CAPACITY AS REPRESENTING THE PARTICIPATION.	Preceived. SOUNDER THE COLLECTIVE TO ATTENDANCE OF TRUST FUND LABOR TRUSTEE	
City	12.a. Nature of interest held or income REIMBURSEMENT OF LOST WAGE BARGAINING AGREEMENT DUE TO MEETINGS IN MY CAPACITY AS REPRESENTING THE PARTICIPATION TO THE PARTICIPATION OF	RECEIVED. SOUNDER THE COLLECTIVE TO ATTENDANCE OF TRUST FUND LABOR TRUSTEE ANTS OF SAID TRUST ON	
State ZIP Code + 4 C. Received from any employer (other than an employer covered under	12.a. Nature of interest held or income REIMBURSEMENT OF LOST WAGE BARGAINING AGREEMENT DUE TO MEETINGS IN MY CAPACITY AS REPRESENTING THE PARTICIPATION TO THE PARTICIPATION OF	RECEIVED. SOUNDER THE COLLECTIVE TO ATTENDANCE OF TRUST FUND LABOR TRUSTEE ANTS OF SAID TRUST ON	
State ZIP Code + 4 C. Received from any employer (other than an employer covered undor from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant	12.a. Nature of interest held or income REIMBURSEMENT OF LOST WAGE BARGAINING AGREEMENT DUB TO MEETINGS IN MY CAPACITY AS REPRESENTING THE PARTICIPY 7/20/2004. 12.b. Amount.	RECEIVED. SOUNDER THE COLLECTIVE TO ATTENDANCE OF TRUST FUND LABOR TRUSTEE ANTS OF SAID TRUST ON	
C. Received from any employer (other than an employer covered undor from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	12.a. Nature of interest held or income REIMBURSEMENT OF LOST WAGE BARGAINING AGREEMENT DUB TO MEETINGS IN MY CAPACITY AS REPRESENTING THE PARTICIPY 7/20/2004. 12.b. Amount.	RECEIVED. SOUNDER THE COLLECTIVE TO ATTENDANCE OF TRUST FUND LABOR TRUSTEE ANTS OF SAID TRUST ON	
State ZIP Code + 4 C. Received from any employer (other than an employer covered undor from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name	12.a. Nature of interest held or income REIMBURSEMENT OF LOST WAGE BARGAINING AGREEMENT DUB TO MEETINGS IN MY CAPACITY AS REPRESENTING THE PARTICIPY 7/20/2004. 12.b. Amount.	RECEIVED. SOUNDER THE COLLECTIVE TO ATTENDANCE OF TRUST FUND LABOR TRUSTEE ANTS OF SAID TRUST ON	
C. Received from any employer (other than an employer covered undor from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any:	12.a. Nature of interest held or income REIMBURSEMENT OF LOST WAGE BARGAINING AGREEMENT DUB TO MEETINGS IN MY CAPACITY AS REPRESENTING THE PARTICIPY 7/20/2004. 12.b. Amount.	RECEIVED. SOUNDER THE COLLECTIVE TO ATTENDANCE OF TRUST FUND LABOR TRUSTEE ANTS OF SAID TRUST ON	
C. Received from any employer (other than an employer covered undor from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	12.a. Nature of interest held or income REIMBURSEMENT OF LOST WAGE BARGAINING AGREEMENT DUB TO MEETINGS IN MY CAPACITY AS REPRESENTING THE PARTICIPY 7/20/2004. 12.b. Amount.	RECEIVED. SOUNDER THE COLLECTIVE TO ATTENDANCE OF TRUST FUND LABOR TRUSTEE ANTS OF SAID TRUST ON	
C. Received from any employer (other than an employer covered undor from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street	12.a. Nature of interest held or income REIMBURSEMENT OF LOST WAGE BARGAINING AGREEMENT DUB TO MEETINGS IN MY CAPACITY AS REPRESENTING THE PARTICIPY 7/20/2004. 12.b. Amount.	RECEIVED. SOUNDER THE COLLECTIVE TO ATTENDANCE OF TRUST FUND LABOR TRUSTEE ANTS OF SAID TRUST ON	

Name of Person Filing TIMOTHY FANDEL	File Number U- 26/0			
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any). Name PLUMBERS LOCAL NO. 12 WELFARE PLAN Trade Name, if any: P.O. Box, Bldg., Room No., if any 1230-1236 Street MASSACHUSETTS AVENUE City BOSTON State Massachusetts ZIP Code + 4 02125	9. Business deals with: a. Labor Organization b. Trust c. Employer			
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bidg., Room No., if any	11.a. Nature of such dealing. TRUSTEE OF TRUST FUNDED THROUGH A CBA FOR THE BENEFIT OF THE MEMBERS AND PARTICIPANTS OF SAID PLAN.			
Street City State ZIP Code + 4	11.b. Approximate dollar value of such dealing. \$73 12.a. Nature of interest held or income received. REIMBURSEMENT OF LOST WAGES UNDER THE COLLECTIVE BARGAINING AGREEMENT DUB TO ATTENDANCE OF TRUST FUND MRETINGS IN MY CAPACITY AS LABOR TRUSTEE REPRESENTING THE PARTICIPANTS OF SAID TRUST ON 7/20/2004.			
	12.b. Amount. \$73			
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	r parts A and B above) or other thing of value.			
Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name	14.a. Nature of payment.			
P.O. Box, Bldg., Room No., if any				
Street City State ZIP Code + 4				
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.			

Name of Person Filing TIMOTHY FANDEL	File Number U- 36/0	
B. Held an interest in or derived income or economic benefit with monetary values substantial part of which consists of buying from, selling or leasing to, or otherwork of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	ise dealing with the business ely seeking to represent, or rectly to, or otherwise	
8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name PLUMBERS UNION LOCAL NO. 12 ANNUITY PLAN	a. Labor Organization b. Trust	
Trade Name, if any:		
P.O. Box, Bidg., Room No., if any 1230-1236		
Street MASSACHUSETTS AVENUE	c. Employer	
City BOSTON		
State Massachusetts ZIP Code + 4 02125		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name	PLAN ADMINISTRATION OF COLLECTIVELY BARGAINED EMPLOYEE BENEFIT PLAN.	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
The control of the co	11.b. Approximate dollar value of such dealing. \$5	
City	12.a. Nature of interest held or income received.	
State ZiP Code + 4	LUNCH SERVED AT THE TRUST MEETING OF JULY 20, 2004.	
	12.b. Amount. \$5	
C. Received from any employer (other than an employer covered undo or from any labor relations consultant to an employer any payment of money	er parts A and B above) or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name		
Trade Name, if any:	:	
P.O. Box, Bldg., Room No., if any		
Street		
The state of the s		
City	1 :	

13.b. Is the Business an Employer

or Consultant

Name of Person Filling TimoThy FANDEL	File Number U- 26/0	
B. Held an interest in or derived income or economic benefit with monetary valus substantial part of which consists of buying from, selling or leasing to, or otherw of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indidealing with your labor organization or with a trust in which your labor organization.	ise dealing with the business ely seeking to represent, or rectly to, or otherwise	
8. Name and address of Business (including trade name, if any). Name PLUMBERS UNION LOCAL NO. 12 PENSION PLAN Trade Name, if any:	9. Business deals with: a. Labor Organization b. Trust c. Employer	
P.O. Box, Bidg., Room No., if any 1230-1236 Street MASSACHUSETTS AVENUE City BOSTON State Massachusetts ZIP Code+4 02125		
10. If 9.b. or 9.c. is checked give trust or employer's пате.	11.a. Nature of such dealing.	
Name Trade Name, if any: P.O. Box, Bidg., Room No., if any	PLAN ADMINISTRATION OF COLLECTIVELY BARGAINED EMPLOYEE BENEFIT PLAN.	
Street	11.b. Approximate dollar value of such dealing. \$5	
City State ZIP Code + 4	12.a. Nature of interest held or income received. LUNCH SERVED AT THE TRUST MEETING OF JULY 20, 2004.	
	12.b. Amount. \$5	
C. Received from any employer (other than an employer covered undo or from any labor relations consultant to an employer any payment of money	er parts A and B above) or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name		
Trade Name, if any:		
P.O. Box, Bidg., Room No., if any		
Street		

13.b. Is the Business an Employer

ZIP Code + 4

or Consultant

City

N	ame	of	Person	Filing
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File Number U- 2610

b. Held an interest in or derived income or economic benefit with monetary values substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	vise dealing with the business vely seeking to represent, or irectly to, or otherwise
8. Name and address of Business (including trade name, if any). Name PLUMBERS UNION LOCAL NO. 12 WELFARE PLAN	9. Business deals with:
Trade Name, if any: P.O. Box, Bldg., Room No., if any 1230-1236 Street MASSACHUSETTS AVENUE City BOSTON State Massachusetts ZIP Code +4 02125	a. Labor Organization b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	PLAN ADMINISTRATION OF COLLECTIVELY BARGAINED EMPLOYEE BENEFIT PLAN.
Street	11.b. Approximate dollar value of such dealing. \$5
City State ZIP Code + 4	12.a. Nature of interest held or income received. LUNCH SERVED AT THE TRUST MEETING OF JULY 20, 2004.
	12.b. Amount. \$5
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of mones. 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bidg., Room No., if any Street City	der parts A and B above) y or other thing of value. 14.a. Nature of payment.
State ZIP Code + 4	14.b. Amount of payment.
13.b. Is the Business an Employer or Consultant ?	17.b. Allicant of payment.

Name of Person Filing TIMOTHY FANDEC	File Number U- 26/0
B. Held an interest in or derived income or economic benefit with monetary values substantial part of which consists of buying from, selling or leasing to, or otherwork of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	rise dealing with the business ely seeking to represent, or rectly to, or otherwise
8. Name and address of Business (including trade name, if any). Name PLUMBERS UNION LOCAL NO. 12 ANNUITY PLAN Trade Name, if any: P.O. Box, Bidg., Room No., if any 1230-1236 Street MASSACHUSETTS AVENUE City BOSTON State Massachusetts ZIP Code + 4 02125	9. Business deals with: X a. Labor Organization b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	11.a. Nature of such dealing. PLAN ADMINISTRATION OF COLLECTIVELY BARGAINED EMPLOYEE BENEFIT PLAN.
City State ZIP Code + 4	11.b. Approximate dollar value of such dealing. \$5 12.a. Nature of interest held or income received. LUNCH SERVED AT THE TRUST MEETING OF AUGUST 24, 2004.
C. Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of money	12.b. Amount. \$5 er parts A and B above) or other thing of value.
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bidg., Room No., if any Street City State ZiP Code + 4	14.a, Nature of payment.
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.

Name	of	Person	Filing
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File Number U-26/0

B. Held an interest in or derived income or economic benefit with monetary valus ubstantial part of which consists of buying from, seiling or leasing to, or otherw of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	ise dealing with the business ely seeking to represent, or ectly to, or otherwise
8. Name and address of Business (including trade name, if any). Name PLUMBERS UNION LOCAL NO. 12 PENSION PLAN Trade Name, if any: P.O. Box, Bldg., Room No., if any 1230-1236 Street MASSACHUSETTS AVENUE City BOSTON State Massachusetts ZIP Code +4 02125	9. Business deals with: a. Labor Organization b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	11.a. Nature of such dealing. PLAN ADMINISTRATION OF COLLECTIVELY BARGAINED EMPLOYEE BENEFIT PLAN.
City State ZIP Code + 4	11.b. Approximate dollar value of such dealing. \$5 12.a. Nature of interest held or income received. LUNCH SERVED AT THE TRUST MEETING OF AUGUST 24, 2004.
C. Received from any employer (other than an employer covered undo or from any labor relations consultant to an employer any payment of money	12.b. Amount. \$5 er parts A and B above) or other thing of value.
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bidg., Room No., if any Street City State ZIP Code + 4	14.a. Nature of payment.
6. Is the Business an Employer or Consultant ?	14.b. Amount of payment.

substantial part of which consists of buying from, selling or leasing to, or otherwork an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	vise dealing with the business vely seeking to represent, or irectly to, or otherwise
8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name PLUMBERS UNION LOCAL NO. 12 WELFARE PLAN	X a. Labor Organization
Trade Name, if any:	a. Labor Organization b. Trust
P.O. Box, Bldg., Room No., if any 1230-1236	c. Employer
Street MASSACHUSETTS AVENUE	Ventural Control of the Control of t
City BOSTON	
State Massachusetts ZIP Code + 4 02125	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	PLAN ADMINISTRATION OF COLLECTIVELY BARGAINED EMPLOYEE BENEFIT PLAN.
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	11.b. Approximate dollar value of such dealing. \$5
City () () () () () () () () () (12.a. Nature of interest held or income received.
State ZIP Code + 4	LUNCH SERVED AT THE TRUST MEETING OF AUGUST 24, 2004.
	12.b. Amount. \$5
C. Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of mone 13.a. Name and address of Employer or Labor Relations Consultant	
(including trade name, if any).	
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City	
State ZIP Code + 4	
13.b. Is the Business an Employer or Consultan: ?	14.b. Amount of payment.
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Name of Person Filling Timolhy FANDEL	File Number U- 26/ ()
B. Held an interest in or derived income or economic benefit with monetary values substantial part of which consists of buying from, selling or leasing to, or otherw of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or individually with your labor organization or with a trust in which your labor organization.	rise dealing with the business ely seeking to represent, or rectly to, or otherwise
8. Name and address of Business (including trade name, if any). Name PLUMBERS UNION LOCAL NO. 12 ANNUITY PLAN Trade Name, if any: P.O. Box, Bidg., Room No., if any 1230-1236 Street MASSACHUSETTS AVENUE City BOSTON State Massachusetts ZiP Code +4 02125	9. Business deals with: X a. Labor Organization b. Trust c. Employer
	11.a. Nature of such dealing.
10. If 9.b. or 9.c. is checked give trust or employer's name. Name	PLAN ADMINISTRATION OF COLLECTIVELY BARGAINED EMPLOYEE BENEFIT PLAN.
Trade Name, if any: P.O. Box, Bidg., Room No., if any	
Street	11.b. Approximate dollar value of such dealing. \$5
City	12.a. Nature of interest held or income received.
State ZIP Code + 4	LUNCH SERVED AT THE TRUST MEETING OF SEPTEMBER 14, 2004.
	12.b. Amount. \$5
C. Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of money	er parts A and B above)
	er parts A and B above)
or from any labor relations consultant to an employer any payment of mone 13.a. Name and address of Employer or Labor Relations Consultant	er parts A and B above) or other thing of value.
or from any labor relations consultant to an employer any payment of mone 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	er parts A and B above) or other thing of value.
or from any labor relations consultant to an employer any payment of mone 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any:	er parts A and B above) or other thing of value.
or from any labor relations consultant to an employer any payment of mone 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City	er parts A and B above) or other thing of value.
or from any labor relations consultant to an employer any payment of mone 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street	er parts A and B above) or other thing of value.

Name	of	Person	Filina
101110	~	1 5 301	1111111

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or

File Number U- 26/0

(2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested. 8. Name and address of Business (including trade name, if any). 9. Business deals with: Name PLUMBERS UNION LOCAL NO. 12 PENSION PLAN a. Labor Organization Trade Name, if any: b. Trust P.O. Box, Bldg., Room No., if any 1230-1236 c. Employer Street MASSACHUSETTS AVENUE ROSTON ZIP Code + 4 02125 11.a. Nature of such dealing. 10. If 9.b. or 9.c. is checked give trust or employer's name. PLAN ADMINISTRATION OF COLLECTIVELY BARGAINED Name EMPLOYEE BENEFIT PLAN. Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 11.b. Approximate dollar value of such dealing. City 12.a. Nature of interest held or income received. LUNCH SERVED AT THE TRUST MEETING OF SEPTEMBER 14, State \$5 12.b. Amount. C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value. 14.a. Nature of payment. 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City ZiP Code + 4 State 14.b. Amount of payment. 13.b. is the Business an Employer or Consultant

Name	of Person	Filing
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Timothy FANDEL

File Number U- 26/0

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested. 8, Name and address of Business (including trade name, if any). 9. Business deals with: Name PLUMBERS UNION LOCAL NO. 12 WELFARE PLAN a. Labor Organization Trade Name, if any: b. Trust P.O. Box, Bldg., Room No., if any 1230-1236 c. Employer Street MASSACHUSETTS AVENUE BOSTON ZIP Code + 4 02125 11.a. Nature of such dealing. 10. If 9.b. or 9.c. is checked give trust or employer's name. PLAN ADMINISTRATION OF COLLECTIVELY BARGAINED EMPLOYEE BENEFIT PLAN. Trade Name, if any: P.O. Box, Bldg., Room No., if any 11.b. Approximate dollar value of such dealing. City 12.a. Nature of interest held or income received. LUNCH SERVED AT THE TRUST MEETING OF SEPTEMBER 14, \$5 C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value. 14.a. Nature of payment. 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bidg., Room No., if any Street City 14.b. Amount of payment. 13.b. Is the Business an Employer or Consultant

le of Person Filling TIMOTHY FANDEL			
B. Held an interest in or derived income or economic benefit with monetary val substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or included in the consists of buying from or selling or leasing directly or included in with your labor organization or with a trust in which your labor organization.	wise dealing with the business yely seeking to represent, or irectly to, or otherwise	;	
8. Name and address of Business (including trade name, if any).	9. Business deals with:		
Name PLUMBERS LOCAL NO. 12 ANNUITY PLAN	- <u>:</u>		
Trade Name, if any:	a. Labor Organiza	tion	
P.O. Box, Bldg., Room No., if any 1230-1236	b. Trust		
Street MASSACHUSETTS AVENUE	c. Employer		
City BOSTON			
State Massachusetts ZIP Code + 4 02125			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such deali	ng.	.
Name :		UNDED THROUGH A CBA FOR THE BERS AND PARTICIPANTS OF SAID	i
Trade Name, if any:	4		
P.O. Box, Bldg., Room No., if any			ļ
Street	11.b. Approximate dollar valu	po of nucle degline	\$86
	i i.u. Appioximate dollar valt	ie of soci dealing.	300.
City	12.a. Nature of interest hel	d or income received.	
City State ZIP Code + 4	BARGAINING AGREEMS MEETINGS IN MY CAF	d or income received. OST WAGES UNDER THE COLLECTIVE INT DUE TO ATTENDANCE OF TRUST F ACITY AS LABOR TRUSTEE ARTICIPANTS OF SAID TRUST ON	UND
1. S.L. v. C. CANTON CO. C. C. CONTROL CO. C. CANTON CO. C. C. CANTON CO. C. C. CANTON CO. C. CANTON	REIMBURSEMENT OF I BARGAINING AGREEME MEETINGS IN MY CAR REFRESENTING THE	OST WAGES UNDER THE COLLECTIVE INT DUE TO ATTENDANCE OF TRUST F ACITY AS LABOR TRUSTEE ARTICIPANTS OF SAID TRUST ON	UND S86
1. S.L. 2. C.	REIMBURSEMENT OF I BARGAINING AGREEME MEETINGS IN MY CAR REPRESENTING THE E 10/19/2004. 12.b. Amount.	OST WAGES UNDER THE COLLECTIVE INT DUE TO ATTENDANCE OF TRUST F ACITY AS LABOR TRUSTEE ARTICIPANTS OF SAID TRUST ON	von Saraje
State ZIP Code + 4 C. Received from any employer (other than an employer covered under	REIMBURSEMENT OF I BARGAINING AGREEME MEETINGS IN MY CAR REPRESENTING THE E 10/19/2004. 12.b. Amount.	OST WAGES UNDER THE COLLECTIVE INT DUE TO ATTENDANCE OF TRUST F ACITY AS LABOR TRUSTEE ARTICIPANTS OF SAID TRUST ON	von Saraje
C. Received from any employer (other than an employer covered undor from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant	REIMBURSEMENT OF I BARGAINING AGREEME MEETINGS IN MY CAE REPRESENTING THE E 10/19/2004. 12.b. Amount. Per parts A and B above) or other thing of value.	OST WAGES UNDER THE COLLECTIVE INT DUE TO ATTENDANCE OF TRUST F ACITY AS LABOR TRUSTEE ARTICIPANTS OF SAID TRUST ON	von Saraje
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C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name	REIMBURSEMENT OF I BARGAINING AGREEME MEETINGS IN MY CAE REPRESENTING THE E 10/19/2004. 12.b. Amount. Per parts A and B above) or other thing of value.	OST WAGES UNDER THE COLLECTIVE INT DUE TO ATTENDANCE OF TRUST F ACITY AS LABOR TRUSTEE ARTICIPANTS OF SAID TRUST ON	von Saraje
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any:	REIMBURSEMENT OF I BARGAINING AGREEME MEETINGS IN MY CAE REPRESENTING THE E 10/19/2004. 12.b. Amount. Per parts A and B above) or other thing of value.	OST WAGES UNDER THE COLLECTIVE INT DUE TO ATTENDANCE OF TRUST F ACITY AS LABOR TRUSTEE ARTICIPANTS OF SAID TRUST ON	von Saraje
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	REIMBURSEMENT OF I BARGAINING AGREEME MEETINGS IN MY CAE REPRESENTING THE E 10/19/2004. 12.b. Amount. Per parts A and B above) or other thing of value.	OST WAGES UNDER THE COLLECTIVE INT DUE TO ATTENDANCE OF TRUST F ACITY AS LABOR TRUSTEE ARTICIPANTS OF SAID TRUST ON	von Saraje
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street	REIMBURSEMENT OF I BARGAINING AGREEME MEETINGS IN MY CAE REPRESENTING THE E 10/19/2004. 12.b. Amount. Per parts A and B above) or other thing of value.	OST WAGES UNDER THE COLLECTIVE INT DUE TO ATTENDANCE OF TRUST F ACITY AS LABOR TRUSTEE ARTICIPANTS OF SAID TRUST ON	von Saraje

Name of Person Filing TIMOTHY FANDEL	File Number U- 36/0
B. Held an interest in or derived income or economic benefit with monetary valus bubstantial part of which consists of buying from, selling or leasing to, or otherw of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	ise dealing with the business ely seeking to represent, or rectly to, or otherwise
Name and address of Business (including trade name, if any).	9. Business deals with:
Name PLUMBERS LOCAL NO. 12 PRNSION PLAN	~
Trade Name, if any:	a. Labor Organization
P.O. Box, Bldg., Room No., if any 1230-1236	b. Trust
Street MASSACHUSETTS AVENUE	Employer
City BOSTON	
State Massachusetts ZIP Code + 4 02125	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name .	TRUSTEE OF TRUST FUNDED THROUGH A CBA FOR THE BENEFIT OF THE MEMBERS AND PARTICIPANTS OF SAID PLAN.
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	11.b. Approximate dollar value of such dealing. \$86
City	12.a. Nature of interest held or income received.
State ZIP Code + 4	REIMBURSEMENT OF LOST WAGES UNDER THE COLLECTIVE BARGAINING AGREEMENT DUE TO ATTENDANCE OF TRUST FUND MEETINGS IN MY CAPACITY AS LABOR TRUSTEE REPRESENTING THE PARTICIPANTS OF SAID TRUST ON 10/19/2004.
	12.b. Amount. \$86
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	
 Name and address of Employer or Labor Relations Consultant (including trade name, if any). 	14.a. Nature of payment.
Name	
Trade Name, if any:	A A A MANUAL STORY OF THE STORY
P.O. Box, Bidg., Room No., if any	
Street	
City	
State ZIP Code + 4	
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.

e of Person Filing TIMOTHY FANDEL File Number U- 26/0			
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
Name and address of Business (including trade name, if any).	9. Business deals with:		
Name PLUMBERS LOCAL NO. 12 WELFARE PLAN	a. Labor Organization		
Trade Name, if any:	b. Trust		
P.O. Box, Bldg., Room No., if any 1230-1236	c. Employer		
Street MASSACHUSETTS AVENUE			
City BOSTON			
State Massachusetts ZIP Code + 4 02125			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.		
Name	TRUSTEE OF TRUST FUNDED THROUGH A CBA FOR THE BENEFIT OF THE MEMBERS AND PARTICIPANTS OF SAID PLAN.		
Trade Name, if any:	FLIAN.		
P.O. Box, Bldg., Room No., if any			
Street	11.b. Approximate dollar value of such dealing. \$86		
City :	12.a. Nature of interest held or income received.		
State ZIP Code + 4	REIMBURSEMENT OF LOST WAGES UNDER THE COLLECTIVE BARGAINING AGREEMENT DUE TO ATTENDANCE OF TRUST FUN MEETINGS IN MY CAPACITY AS LABOR TRUSTEE REPRESENTING THE PARTICIPANTS OF SAID TRUST ON 10/19/2004.		
	- Against - Salaran Communication - Salaran Communication - Salaran - Salara		
	12.b. Amount. \$8		
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any	· 		
Street			
City			
State ZIP Code + 4			
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.		

Name of Person Filing TIMOTHY FANDEL	File Numb	er u- 26/0	
B. Held an interest in or derived income or economic benefit with monetary val substantial part of which consists of buying from, selling or leasing to, or otherwof an employer whose employees your labor organization represents or active (2) any part of which consists of buying from or selling or leasing directly or ind dealing with your labor organization or with a trust in which your labor organization.	rise dealing with the business ely seeking to represent, or rectly to, or otherwise		
8. Name and address of Business (including trade name, if any).	9. Business deals with:		}
Name PLUMBERS LOCAL NO. 12 ANNUITY PLAN	a. Labor Organization		}
Trade Name, if any:	b. Trust		
P.O. Box, Bldg., Room No., if any 1230-1236	c. Employer		Ì
Street MASSACHUSETTS AVENUE			
City BOSTON			
State Massachusetts ZIP Code + 4 02125			
10. If 9.b, or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.		
Name :	TRUSTEE OF TRUST FUNDED TO BENEFIT OF THE MEMBERS AND PLAN.		
Trade Name, if any:	manual 11 mm 1		
P.O. Box, Bldg., Room No., if any			
Street	11.b. Approximate dollar value of such d	ealing	\$24;
The second secon	TT:b. Approximate delici Talde el Saci a		" : }
City	12.a. Nature of interest held or incom-	e received.	1
State ZIP Code + 4	12.a. Nature of interest held or incom- REIMBURSEMENT OF LOST WAG BARGAINING AGREEMENT DUE MEETINGS IN MY CAPACITY A REPRESENTING THE PARTICIP. 11/1/2004.	ES UNDER THE COLLECTIVE TO ATTENDANCE OF TRUST F S LABOR TRUSTEE	'UN D ₂
en e	REIMBURSEMENT OF LOST WAG BARGAINING AGREEMENT DUE MEETINGS IN MY CAPACITY A REPRESENTING THE PARTICIP. 11/1/2004.	ES UNDER THE COLLECTIVE TO ATTENDANCE OF TRUST F S LABOR TRUSTEE ANTS OF SAID TRUST ON	
State ZIP Code + 4	REIMBURSEMENT OF LOST WAG BARGAINING AGREEMENT DUE MEETINGS IN MY CAPACITY A REPRESENTING THE PARTICIPALIFICATION OF THE PARTICIP	ES UNDER THE COLLECTIVE TO ATTENDANCE OF TRUST F S LABOR TRUSTEE ANTS OF SAID TRUST ON	UND
en e	REIMBURSEMENT OF LOST WAG BARGAINING AGREEMENT DUE MEETINGS IN MY CAPACITY A REPRESENTING THE PARTICIP. 11/1/2004. 12.b. Amount.	ES UNDER THE COLLECTIVE TO ATTENDANCE OF TRUST F S LABOR TRUSTEE ANTS OF SAID TRUST ON	
State ZIP Code + 4 C. Received from any employer (other than an employer covered under	REIMBURSEMENT OF LOST WAG BARGAINING AGREEMENT DUE MEETINGS IN MY CAPACITY A REPRESENTING THE PARTICIP. 11/1/2004. 12.b. Amount.	ES UNDER THE COLLECTIVE TO ATTENDANCE OF TRUST F S LABOR TRUSTEE ANTS OF SAID TRUST ON	
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money	REIMBURSEMENT OF LOST WAG BARGAINING AGREEMENT DUE MEETINGS IN MY CAPACITY A REPRESENTING THE PARTICIP. 11/1/2004. 12.b. Amount. or parts A and B above) or other thing of value.	ES UNDER THE COLLECTIVE TO ATTENDANCE OF TRUST F S LABOR TRUSTEE ANTS OF SAID TRUST ON	
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	REIMBURSEMENT OF LOST WAG BARGAINING AGREEMENT DUE MEETINGS IN MY CAPACITY A REPRESENTING THE PARTICIP. 11/1/2004. 12.b. Amount. or parts A and B above) or other thing of value.	ES UNDER THE COLLECTIVE TO ATTENDANCE OF TRUST F S LABOR TRUSTEE ANTS OF SAID TRUST ON	
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C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any:	REIMBURSEMENT OF LOST WAG BARGAINING AGREEMENT DUE MEETINGS IN MY CAPACITY A REPRESENTING THE PARTICIP. 11/1/2004. 12.b. Amount. or parts A and B above) or other thing of value.	ES UNDER THE COLLECTIVE TO ATTENDANCE OF TRUST F S LABOR TRUSTEE ANTS OF SAID TRUST ON	
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	REIMBURSEMENT OF LOST WAG BARGAINING AGREEMENT DUE MEETINGS IN MY CAPACITY A REPRESENTING THE PARTICIP. 11/1/2004. 12.b. Amount. or parts A and B above) or other thing of value.	ES UNDER THE COLLECTIVE TO ATTENDANCE OF TRUST F S LABOR TRUSTEE ANTS OF SAID TRUST ON	
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street	REIMBURSEMENT OF LOST WAG BARGAINING AGREEMENT DUE MEETINGS IN MY CAPACITY A REPRESENTING THE PARTICIP. 11/1/2004. 12.b. Amount. or parts A and B above) or other thing of value.	ES UNDER THE COLLECTIVE TO ATTENDANCE OF TRUST F S LABOR TRUSTEE ANTS OF SAID TRUST ON	
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City	REIMBURSEMENT OF LOST WAG BARGAINING AGREEMENT DUE MEETINGS IN MY CAPACITY A REPRESENTING THE PARTICIP. 11/1/2004. 12.b. Amount. or parts A and B above) or other thing of value.	ES UNDER THE COLLECTIVE TO ATTENDANCE OF TRUST F S LABOR TRUSTEE ANTS OF SAID TRUST ON	

Name of resouthing TIMOTHY FANDEL	Tile Number of α
B. Held an interest in or derived income or economic benefit with monetary values substantial part of which consists of buying from, selling or leasing to, or otherwork of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	rise dealing with the business ely seeking to represent, or rectly to, or otherwise
8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name PLUMBERS LOCAL NO. 12 PENSION PLAN	a. Labor Organization
Trade Name, if any:	b. Trust
P.O. Box, Bldg., Room No., if any 1230-1236	c. Employer
Street MASSACHUSETTS AVENUE	
City BOSTON	<u> </u>
State Massachusetts ZIP Code + 4 02125	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name :	TRUSTEE OF TRUST FUNDED THROUGH A CBA FOR THE BENEFIT OF THE MEMBERS AND PARTICIPANTS OF SAID PLAN.
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	11.b. Approximate dollar value of such dealing. \$24
City	12.a. Nature of interest held or income received.
State ZIP Code + 4	REIMBURSEMENT OF LOST WAGES UNDER THE COLLECTIVE BARGAINING AGREEMENT DUE TO ATTENDANCE OF TRUST FUND MEETINGS IN MY CAPACITY AS LABOR TRUSTEE REPRESENTING THE PARTICIPANTS OF SAID TRUST ON 11/1/2004.
	12.b. Amount. \$24
	Table Parison Control of the Control
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	r parts A and B above) or other thing of value.
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City	
State ZIP Code + 4	
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.

THE OFFEISON FIRING TIMOTHY FANDEL				
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any).	9. Business deals with:			
Name PLUMBERS LOCAL NO. 12 WELFARE PLAN	TC1764			
Trade Name, if any:	a. Labor Organization b. Trust			
P.O. Box, Bidg., Room No., if any 1230-1236	c. Employer			
Street MASSACHUSETTS AVENUE	-			
City BOSTON				
State Massachusetts ZIP Code + 4 02125				
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.			
Name	TRUSTEE OF TRUST FUNDED THROUGH A CBA FOR THE BENEFIT OF THE MEMBERS AND PARTICIPANTS OF SAID PLAN.			
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street	11.b. Approximate dollar value of such dealing. \$24			
City	12.a. Nature of interest held or income received.			
State ZIP Code + 4	REIMBURSEMENT OF LOST WAGES UNDER THE COLLECTIVE BARGATNING AGREEMENT DUB TO ATTENDANCE OF TRUST FUND MEETINGS IN MY CAPACITY AS LABOR TRUSTEE REPRESENTING THE PARTICIPANTS OF SAID TRUST ON 11/1/2004.			
	12.b. Amount. \$24			
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	r parts A and B above) or other thing of value.			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.			
Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street				
City	The state of the s			
State ZIP Code + 4				
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.			

Name of Person Filing TIMOTHY FANDEL File Number 0. 26/0			
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any).	9. Business deals with:		
Name PLUMBERS LOCAL NO. 12 ANNUITY PLAN	a. Labor Organization		
Trade Name, if any:	b, Trust		
P.O. Box, Bldg., Room No., if any 1230-1236	c. Employer		
Street MASSACHUSETTS AVENUE			
City BOSTON			
State Massachusetts ZIP Code + 4 02125			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.		
Name	TRUSTEE OF TRUST FUNDED THROUGH A CBA FOR THE BENEFIT OF THE MEMBERS AND PARTICIPANTS OF SAID PLAN.		
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street	11.b. Approximate dollar value of such dealing. \$49		
	The state of the s		
City	12.a. Nature of interest held or income received.		
City State ZIP Code + 4	12.a. Nature of interest held or income received. REIMBURSEMENT OF LOST WAGES UNDER THE COLLECTIVE BARGAINING AGREEMENT DUE TO ATTENDANCE OF TRUST FUND MEETINGS IN MY CAPACITY AS LABOR TRUSTEE REPRESENTING THE PARTICIPANTS OF SAID TRUST ON 11/4/2004.		
	REIMBURSEMENT OF LOST WAGES UNDER THE COLLECTIVE BARGAINING AGREEMENT DUE TO ATTENDANCE OF TRUST FUND MEETINGS IN MY CAPACITY AS LABOR TRUSTEE REPRESENTING THE PARTICIPANTS OF SAID TRUST ON		
	REIMBURSEMENT OF LOST WAGES UNDER THE COLLECTIVE BARGAINING AGREEMENT DUE TO ATTENDANCE OF TRUST FUND MEETINGS IN MY CAPACITY AS LABOR TRUSTEE REPRESENTING THE PARTICIPANTS OF SAID TRUST ON 11/4/2004. 12.b. Amount. \$49		
C. Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of money	REIMBURSEMENT OF LOST WAGES UNDER THE COLLECTIVE BARGAINING AGREEMENT DUE TO ATTENDANCE OF TRUST FUND MEETINGS IN MY CAPACITY AS LABOR TRUSTEE REPRESENTING THE PARTICIPANTS OF SAID TRUST ON 11/4/2004. 12.b. Amount. \$49		
C. Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of money	REIMBURSEMENT OF LOST WAGES UNDER THE COLLECTIVE BARGAINING AGREEMENT DUE TO ATTENDANCE OF TRUST FUND MEETINGS IN MY CAPACITY AS LABOR TRUSTEE REPRESENTING THE PARTICIPANTS OF SAID TRUST ON 11/4/2004. 12.b. Amount. \$49 or other thing of value.		
C. Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name	REIMBURSEMENT OF LOST WAGES UNDER THE COLLECTIVE BARGAINING AGREEMENT DUE TO ATTENDANCE OF TRUST FUND MEETINGS IN MY CAPACITY AS LABOR TRUSTEE REPRESENTING THE PARTICIPANTS OF SAID TRUST ON 11/4/2004. 12.b. Amount. \$49 or other thing of value.		
C. Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	REIMBURSEMENT OF LOST WAGES UNDER THE COLLECTIVE BARGAINING AGREEMENT DUE TO ATTENDANCE OF TRUST FUND MEETINGS IN MY CAPACITY AS LABOR TRUSTEE REPRESENTING THE PARTICIPANTS OF SAID TRUST ON 11/4/2004. 12.b. Amount. \$49 or other thing of value.		
C. Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any:	REIMBURSEMENT OF LOST WAGES UNDER THE COLLECTIVE BARGAINING AGREEMENT DUE TO ATTENDANCE OF TRUST FUND MEETINGS IN MY CAPACITY AS LABOR TRUSTEE REPRESENTING THE PARTICIPANTS OF SAID TRUST ON 11/4/2004. 12.b. Amount. \$49 or other thing of value.		
C. Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bidg., Room No., if any	REIMBURSEMENT OF LOST WAGES UNDER THE COLLECTIVE BARGAINING AGREEMENT DUE TO ATTENDANCE OF TRUST FUND MEETINGS IN MY CAPACITY AS LABOR TRUSTEE REPRESENTING THE PARTICIPANTS OF SAID TRUST ON 11/4/2004. 12.b. Amount. \$49 or other thing of value.		
C. Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bidg., Room No., if any Street	REIMBURSEMENT OF LOST WAGES UNDER THE COLLECTIVE BARGAINING AGREEMENT DUE TO ATTENDANCE OF TRUST FUND MEETINGS IN MY CAPACITY AS LABOR TRUSTEE REPRESENTING THE PARTICIPANTS OF SAID TRUST ON 11/4/2004. 12.b. Amount. \$49 or other thing of value.		
C. Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bidg., Room No., if any Street City	REIMBURSEMENT OF LOST WAGES UNDER THE COLLECTIVE BARGAINING AGREEMENT DUE TO ATTENDANCE OF TRUST FUND MEETINGS IN MY CAPACITY AS LABOR TRUSTEE REPRESENTING THE PARTICIPANTS OF SAID TRUST ON 11/4/2004. 12.b. Amount. \$49 or other thing of value.		

Name of Person Filing TIMOTHY FANDEL	File Number U- 26/0
B. Held an interest in or derived income or economic benefit with monetary values substantial part of which consists of buying from, selling or leasing to, or otherw of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	vise dealing with the business vely seeking to represent, or irectly to, or otherwise
8. Name and address of Business (including trade name, if any). Name PLUMBERS LOCAL NO. 12 PENSION PLAN Trade Name, if any: P.O. Box, Bldg., Room No., if any 1230-1236 Street MASSACHUSETTS AVENUE City BOSTON State Massachusetts ZIP Code + 4 02125	9. Business deals with: a. Labor Organization b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bidg., Room No., if any	11.a. Nature of such dealing. TRUSTEE OF TRUST FUNDED THROUGH A CBA FOR THE BENEFIT OF THE MEMBERS AND PARTICIPANTS OF SAID PLAN.
Street	11.b. Approximate dollar value of such dealing. \$49
City State ZIP Code + 4	12.a. Nature of interest held or income received. REIMBURSEMENT OF LOST WAGES UNDER THE COLLECTIVE BARGAINING AGREEMENT DUE TO ATTENDANCE OF TRUST FUND MEETINGS IN MY CAPACITY AS LABOR TRUSTEE REPRESENTING THE PARTICIPANTS OF SAID TRUST ON 11/4/2004.
	12.b. Amount. \$49
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	er parts A and B above)
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street:	
City	
State ZIP Code + 4	
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.

ame of Person Filing TIMOTHY FANDEL				
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employee whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
Name and address of Business (including trade name, if any).	9. Business deals with:			
Name PLUMBERS LOCAL NO. 12 WELFARE PLAN	∞ 7			
Trade Name, if any:	a. Labor Organization b. Trust			
P.O. Box, Bldg., Room No., if any 1230-1236	c. Employer			
Street MASSACHUSETTS AVENUE	Name of the state			
City BOSTON				
State Massachusetts ZIP Code + 4 02125				
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.			
Name (TRUSTEE OF TRUST FUNDED THROUGH A CBA FOR THE BENEFIT OF THE MEMBERS AND PARTICIPANTS OF SAID			
Trade Name, if any:	PLAN.			
P.O. Box, Bldg., Room No., if any				
Street	11.b. Approximate dollar value of such dealing. \$49			
State ZIP Code + 4	12.a. Nature of interest held or income received. REIMBURSEMENT OF LOST WAGES UNDER THE COLLECTIVE BARGAINING AGREEMENT DUE TO ATTENDANCE OF TRUST FUND MEETINGS IN MY CAPACITY AS LABOR TRUSTEE REPRESENTING THE PARTICIPANTS OF SAID TRUST ON 11/4/2004.			
	12.b. Amount. \$49			
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.				
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.			
Name ¹				
Trade Name, if any:				
A. Water				
P.O. Box, Bldg., Room No., if any				
The state of the s				
P.O. Box, Bldg., Room No., if any				
P.O. Box, Bldg., Room No., if any Street				

Name of Person Filing TIMOTHY FANDEL	File Number U- 26/0
B. Held an interest in or derived income or economic benefit with monetary values substantial part of which consists of buying from, selling or leasing to, or otherwork of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	vise dealing with the business vely seeking to represent, or irectly to, or otherwise
8. Name and address of Business (including trade name, if any). Name PLUMBERS UNION LOCAL NO. 12 ANNUITY PLAN Trade Name, if any: P.O. Box, Bldg., Room No., if any 1230-1236 Street MASSACHUSETTS AVENUE City BOSTON State Massachusetts ZIP Code + 4 02125	9. Business deals with: A. Labor Organization b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bidg., Room No., if any	11.a. Nature of such dealing. PLAN ADMINISTRATION OF COLLECTIVELY BARGAINED EMPLOYEE BENEFIT PLAN.
Street	11.b. Approximate dollar value of such dealing. \$5
City State ZIP Code + 4	12.a. Nature of interest held or income received. LUNCH SERVED AT THE TRUST MEETING OF NOVEMBER 4, 2004.
	12.b. Amount. \$5
C. Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of mone	ler parts A and B above) y or other thing of value.
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any:	14.a. Nature of payment.
P.O. Box, Bldg., Room No., if any	

14.b. Amount of payment.

13.b. is the Business an Employer

or Consultant

Street

City

State

Name	٥f	Person	Filipo
LABILIE	v.	Largoni	FISHSU

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business

File Number U- 26/6

of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested. 8. Name and address of Business (including trade name, if any). 9. Business deals with: Name PLUMBERS UNION LOCAL NO. 12 PENSION PLAN X. a. Labor Organization Trade Name, if any: b. Trust P.O. Box, Bldg., Room No., if any 1230-1236 c. Employer Street MASSACHUSETTS AVENUE BOSTON City ZIP Code + 4 02125 State Massachusetts 11.a. Nature of such dealing. 10, If 9.b. or 9.c. is checked give trust or employer's name. PLAN ADMINISTRATION OF COLLECTIVELY BARGAINED Name EMPLOYEE BENEFIT PLAN. Trade Name, if any: P.O. Box, Bidg., Room No., if any 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. ZIP Code + 4 LUNCH SERVED AT THE TRUST MEETING OF NOVEMBER 4, State \$5 12.b. Amount. C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value. 14.a. Nature of payment. 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State 14.b. Amount of payment. or Consultant 13.b. Is the Business an Employer

Name of Person Filing	Name	of P	erson	Filing
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a

File Number U- 26/0

substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested. 8. Name and address of Business (including trade name, if any). 9. Business deals with: Name PLUMBERS UNION LOCAL NO. 12 WELFARE PLAN X a. Labor Organization Trade Name, if any: b. Trust P.O. Box, Bidg., Room No., if any 1230-1236 c. Employer Street MASSACHUSETTS AVENUE BOSTON ZIP Code + 4 02125 State Massachusetts 11.a. Nature of such dealing. 10. If 9.b. or 9.c. is checked give trust or employer's name. PLAN ADMINISTRATION OF COLLECTIVELY BARGAINED EMPLOYEE BENEFIT PLAN. Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 11.b. Approximate dollar value of such dealing. City 12.a. Nature of interest held or income received. ZIP Code + 4 LUNCH SERVED AT THE TRUST MEETING OF NOVEMBER 4, State 2004 \$5 12.b. Amount. C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value. 14.a, Nature of payment. 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City ZIP Code + 4 State 14.b. Amount of payment. or Consultant 13.b. Is the Business an Employer

Name of Person Filling TIMOTHY FANDEL	The Number 0- 3, 67 C		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any).	9. Business deals with:		
Name PLUMBERS LOCAL NO. 12 WELFARE PLAN	SZA		
Trade Name, if any:	a. Labor Organization		
P.O. Box, Bldg., Room No., if any 1230-1236	b. Trust		
Street MASSACHUSETTS AVENUE	c. Employer		
The state of the s			
City BOSTON			
State Massachusetts ZIP Code + 4 02125			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.		
Name	TRUSTEE OF TRUST FUNDED THROUGH A CBA FOR THE BENEFIT OF THE MEMBERS AND PARTICIPANTS OF SAID PLAN.		
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street	11.b. Approximate dollar value of such dealing. \$98		
City	12.a. Nature of interest held or income received.		
Only	i iz.a, nature of interest field of income received.		
State ZIP Code + 4	REIMBURSEMENT OF LOST WAGES UNDER THE COLLECTIVE BARGAINING AGREEMENT DUE TO ATTENDANCE OF TRUST FUND MEBTINGS IN MY CAPACITY AS LABOR TRUSTEE REPRESENTING THE PARTICIPANTS OF SAID TRUST ON 11/16/2004.		
The second contraction of the second contrac	REIMBURSEMENT OF LOST WAGES UNDER THE COLLECTIVE BARGAINING AGREEMENT DUE TO ATTENDANCE OF TRUST FUND MEETINGS IN MY CAPACITY AS LABOR TRUSTEE REPRESENTING THE PARTICIPANTS OF SAID TRUST ON 11/16/2004.		
The second contraction of the second contrac	REIMBURSEMENT OF LOST WAGES UNDER THE COLLECTIVE BARGAINING AGREEMENT DUE TO ATTENDANCE OF TRUST FUND MEETINGS IN MY CAPACITY AS LABOR TRUSTEE REPRESENTING THE PARTICIPANTS OF SAID TRUST ON		
The second contraction of the second contrac	REIMBURSEMENT OF LOST WAGES UNDER THE COLLECTIVE BARGAINING AGREEMENT DUE TO ATTENDANCE OF TRUST FUND MEETINGS IN MY CAPACITY AS LABOR TRUSTEE REPRESENTING THE PARTICIPANTS OF SAID TRUST ON 11/16/2004. 12.b. Amount. \$98		
State ZIP Code + 4 C. Received from any employer (other than an employer covered under	REIMBURSEMENT OF LOST WAGES UNDER THE COLLECTIVE BARGAINING AGREEMENT DUE TO ATTENDANCE OF TRUST FUND MEETINGS IN MY CAPACITY AS LABOR TRUSTEE REPRESENTING THE PARTICIPANTS OF SAID TRUST ON 11/16/2004. 12.b. Amount. \$98		
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	REIMBURSEMENT OF LOST WAGES UNDER THE COLLECTIVE BARGAINING AGREEMENT DUE TO ATTENDANCE OF TRUST FUND MEETINGS IN MY CAPACITY AS LABOR TRUSTEE REPRESENTING THE PARTICIPANTS OF SAID TRUST ON 11/16/2004. 12.b. Armount. \$98 or parts A and B above) or other thing of value.		
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	REIMBURSEMENT OF LOST WAGES UNDER THE COLLECTIVE BARGAINING AGREEMENT DUE TO ATTENDANCE OF TRUST FUND MEETINGS IN MY CAPACITY AS LABOR TRUSTEE REPRESENTING THE PARTICIPANTS OF SAID TRUST ON 11/16/2004. 12.b. Armount. \$98 or parts A and B above) or other thing of value.		
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name	REIMBURSEMENT OF LOST WAGES UNDER THE COLLECTIVE BARGAINING AGREEMENT DUE TO ATTENDANCE OF TRUST FUND MEETINGS IN MY CAPACITY AS LABOR TRUSTEE REPRESENTING THE PARTICIPANTS OF SAID TRUST ON 11/16/2004. 12.b. Armount. \$98 or parts A and B above) or other thing of value.		
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C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	REIMBURSEMENT OF LOST WAGES UNDER THE COLLECTIVE BARGAINING AGREEMENT DUE TO ATTENDANCE OF TRUST FUND MEETINGS IN MY CAPACITY AS LABOR TRUSTEE REPRESENTING THE PARTICIPANTS OF SAID TRUST ON 11/16/2004. 12.b. Armount. \$98 or parts A and B above) or other thing of value.		
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street	REIMBURSEMENT OF LOST WAGES UNDER THE COLLECTIVE BARGAINING AGREEMENT DUE TO ATTENDANCE OF TRUST FUND MEETINGS IN MY CAPACITY AS LABOR TRUSTEE REPRESENTING THE PARTICIPANTS OF SAID TRUST ON 11/16/2004. 12.b. Armount. \$98 or parts A and B above) or other thing of value.		
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City	REIMBURSEMENT OF LOST WAGES UNDER THE COLLECTIVE BARGAINING AGREEMENT DUE TO ATTENDANCE OF TRUST FUND MEETINGS IN MY CAPACITY AS LABOR TRUSTEE REPRESENTING THE PARTICIPANTS OF SAID TRUST ON 11/16/2004. 12.b. Armount. \$98 or parts A and B above) or other thing of value.		

Name of Person Filing TIMOTHY FANDEL	File Number U- 2.6/ ()			
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any).	9. Business deals with:			
Name PLUMBERS LOCAL NO. 12 ANNUITY PLAN	X: a. Labor Organization			
Trade Name, if any:	b. Trust			
P.O. Box, Bldg., Room No., if any 1230-1236	c. Employer			
Street MASSACHUSETTS AVENUE	[] G. Ellipoyer			
City BOSTON				
State Massachusetts ZIP Code + 4 02125				
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.			
Name	TRUSTEE OF TRUST FUNDED THROUGH A CBA FOR THE BENEFIT OF THE MEMBERS AND PARTICIPANTS OF SAID PLAN.			
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street .	11.b. Approximate dollar value of such dealing. \$98			
City	12.a. Nature of interest held or income received.			
State ZIP Code + 4	REIMBURSEMENT OF LOST WAGES UNDER THE COLLECTIVE BARGAINING AGREEMENT DUE TO ATTENDANCE OF TRUST FUND MEETINGS IN MY CAPACITY AS LABOR TRUSTEE REPRESENTING THE PARTICIPANTS OF SAID TRUST ON 11/16/2004.			
	The second contraction of the second contrac			
	12.b. Amount. \$98			
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.				
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.			
Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street				
City				
State ZIP Code + 4				
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.			

Name of Person Filing TIMOTHY FANDEL	File Number U- 26/0		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any). Name PLUMBERS LOCAL NO. 12 PENSION PLAN	9. Business deals with:		
P.O. Box, Bldg., Room No., if any 1230-1236	b. Trust		
Street MASSACHUSETTS AVENUE City BOSTON State Massachusetts ZIP Code + 4 02125	33		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing. TRUSTEE OF TRUST FUNDED THROUGH A CBA FOR THE BENEFIT OF THE MEMBERS AND PARTICIPANTS OF SAID		
Trade Name, if any: P.O. Box, Bldg., Room No., if any	PLAN.		
Street :	11.b. Approximate dollar value of such dealing. \$98		
State ZIP Code + 4	12.a. Nature of interest held or income received. REIMBURSEMENT OF LOST WAGES UNDER THE COLLECTIVE BARGAINING AGREEMENT DUE TO ATTENDANCE OF TRUST FUND MEETINGS IN MY CAPACITY AS LABOR TRUSTEE REPRESENTING THE PARTICIPANTS OF SAID TRUST ON 11/16/2004.		
	12.b. Amount. \$98		
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		
Name			
Trade Name, if any:			
P.O. Box, Bidg., Room No., if any	Tourist Confidence of the Conf		
Street			
State ZIP Code + 4			
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.		

Name of Person Filing	TimoThy	FANDEL

File Number U. 26/0

B. Held an interest in or derived income or economic benefit with monetary val substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is active. (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	vise dealing with the business vely seeking to represent, or irectly to, or otherwise
8. Name and address of Business (including trade name, if any). Name PLUMBERS UNION LOCAL NO. 12 ANNUITY PLAN Trade Name, if any: P.O. Box, Bldg., Room No., if any 1230-1236 Street MASSACHUSETTS AVENUE City BOSTON State Massachusetts ZIP Code + 4 02125	9. Business deals with: a. Labor Organization b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	11.a. Nature of such dealing. PLAN ADMINISTRATION OF COLLECTIVELY BARGAINED EMPLOYEE BENEFIT PLAN.
Street City State ZIP Code + 4	11.b. Approximate dollar value of such dealing. \$3 12.a. Nature of interest held or income received. LUNCH SERVED AT THE TRUST MEETING OF NOVEMBER 16, 2004.
C. Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of mone	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	14.a. Nature of payment.
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.

Name	of	Person	Filing
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a

File Number U- 26/0

substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested. 8. Name and address of Business (including trade name, if any). 9. Business deals with: Name PLUMBERS UNION LOCAL NO. 12 PENSION PLAN X a. Labor Organization Trade Name, if any: b. Trust P.O. Box, Bldg., Room No., if any 1230-1236 c. Employer Street MASSACHUSETTS AVENUE BOSTON City State Massachusetts ZIP Code + 4 02125 11.a. Nature of such dealing. 10. If 9.b. or 9.c. is checked give trust or employer's name. PLAN ADMINISTRATION OF COLLECTIVELY BARGAINED Name EMPLOYEE BENEFIT PLAN. Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 11.b. Approximate dollar value of such dealing. \$3 12.a. Nature of interest held or income received. LUNCH SERVED AT THE TRUST MEETING OF NOVEMBER 16. ZIP Code + 4 State \$3 12.b. Amount. C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value. 14.a. Nature of payment. 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street ZIP Code + 4 State 14.b. Amount of payment. 13.b. Is the Business an Employer or Consultant

Name	of	Person	Filing
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or Consultant

File Number U- 26/0

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested. 8. Name and address of Business (including trade name, if any). 9. Business deals with: Name PLUMBERS UNION LOCAL NO. 12 WELFARE PLAN a. Labor Organization Trade Name, if any: b. Trust P.O. Box, Bldg., Room No., if any 1230-1236 c. Employer Street MASSACHUSETTS AVENUE BOSTON ZIP Code + 4 102125 Massachusetts 11.a. Nature of such dealing. 10. If 9.b. or 9.c. is checked give trust or employer's name. PLAN ADMINISTRATION OF COLLECTIVELY BARGAINED Name EMPLOYEE BENEFIT PLAN. Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 11.b. Approximate dollar value of such dealing. City 12.a, Nature of interest held or income received. LUNCH SERVED AT THE TRUST MEETING OF NOVEMBER 16, 2004. 12.b, Amount. C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value. 14.a. Nature of payment. 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City ZIP Code + 4 State 14.b. Amount of payment.

13.b. is the Business an Employer

Name of Person Filing TIMOTHY FANDEL	File Number U- 26/0		
B. Held an interest in or derived income or economic benefit with monetary valus ubstantial part of which consists of buying from, selling or leasing to, or otherword an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indidealing with your labor organization or with a trust in which your labor organization.	rise dealing with the business ely seeking to represent, or rectly to, or otherwise		
8. Name and address of Business (including trade name, if any). Name PLUMBERS LOCAL NO. 12 ANNUITY PLAN Trade Name, if any: P.O. Box, Bldg., Room No., if any 1230-1236 Street MASSACHUSETTS AVENUE City BOSTON State Massachusetts ZIP Code + 4 02125	9. Business deals with: a. Labor Organization b. Trust c. Employer		
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street	11.a Nature of such dealing. TRUSTEE OF TRUST FUNDED THROUGH A CBA FOR THE BENEFIT OF THE MEMBERS AND PARTICIPANTS OF SAID PLAN.		
City State ZIP Code + 4	11.b. Approximate dollar value of such dealing. \$61 12.a. Nature of interest held or income received. REIMBURSEMENT OF LOST WAGES UNDER THE COLLECTIVE BARGAINING AGREEMENT DUB TO ATTENDANCE OF TRUST FUND MEETINGS IN MY CAPACITY AS LABOR TRUSTEE REPRESENTING THE PARTICIPANTS OF SAID TRUST ON 12/14/2004.		
C. Received from any employer (other than an employer covered unde	12.b. Amount. \$61		
or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4			
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.		

Name of Person Filing TIMOTHY FANDEL		File Number U-260	
B. Held an interest in or derived income or economic benefit with monetary va substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is acti (2) any part of which consists of buying from or selling or leasing directly or inclealing with your labor organization or with a trust in which your labor organization.	wise dealing with the busines vely seeking to represent, or directly to, or otherwise	s	
8. Name and address of Business (including trade name, if any).	9. Business deals with:		
Name PLUMBERS LOCAL NO. 12 PENSION PLAN			
Trade Name, if any:	a. Labor Organiza	ition	
P.O. Box, Bldg., Room No., if any 1230-1236	b. Trust c. Employer		
Street MASSACHUSETTS AVENUE			
City BOSTON			
State Massachusetts ZIP Code + 4 02125			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such deal	ing.	
Name	TRUSTEE OF TRUST FUNDED THROUGH A CBA FOR THE BENEFIT OF THE MEMBERS AND PARTICIPANTS OF SAID		
Trade Name, if any:	PLAN.		
P.O. Box, Bldg., Room No., if any	Billio concession of the Control of		
Street	11.b. Approximate dollar val	ue of such dealing. \$61	
City	12.a. Nature of interest he	Francisco and a second and a se	
State ZIP Code + 4	BARGAINING AGREEM MEETINGS IN MY CAI	OST WAGES UNDER THE COLLECTIVE RNT DUE TO ATTENDANCE OF TRUST FUND PACITY AS LABOR TRUSTEE PARTICIPANTS OF SAID TRUST ON	
	12.b. Amount.	\$61	
		Transaction and order to the state of the st	
C. Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of money	er parts A and B above) y or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment		
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street			
City			
The state of the s			
State ZIP Code + 4		:	
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.	The Mark of the principle of the Control of the Con	
•	ī	The State of the S	

Name of resont ining 11MOTH1 PANDEL		The Hamber of Section 1	
B. Held an interest in or derived income or economic benefit with monetary values substantial part of which consists of buying from, selling or leasing to, or otherwork of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or individually with your labor organization or with a trust in which your labor organization.	vise dealing with the busines rely seeking to represent, or irectly to, or otherwise	s	
8. Name and address of Business (including trade name, if any).	9. Business deals with:		
Name PLUMBERS LOCAL NO. 12 WELFARE PLAN	🗙 a. Labor Organiza	nat	
Trade Name, if any:	a. Labor Organiza	uon	
P.O. Box, Bldg., Room No., if any 1230-1236	€_:		
Street MASSACHUSETTS AVENUE	c. Employer		
City BOSTON			
State Massachusetts ZIP Code + 4 02125			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such deal	ing.	
Name		TUNDED THROUGH A CBA FOR THE BERS AND PARTICIPANTS OF SA	ID
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street	11.b. Approximate dollar val	ue of such dealing.	\$61
City	12.a. Nature of interest he		
State ZIP Code + 4	BARGAINING AGREEM MEETINGS IN MY CA	LOST WAGES UNDER THE COLLECT ENT DUE TO ATTENDANCE OF TRU PACITY AS LABOR TRUSTEE PARTICIPANTS OF SAID TRUST O	ST FUND
	12.b. Amount.	pulse to Action and Ac	\$61
		The state of the s	
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	and the second s	A
Name			. :
Trade Name, if any:	First comply does - 64.		
P.O. Box, Bldg., Room No., if any	under the second		
Street	*		
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State ZIP Code + 4		The same of the sa	
12 h le the Projecte on Employee	14.b. Amount of payment.	of A - symbolic all graphs and a super section of the state of the sta	print &
13.b. Is the Business an Employer or Consultant?		p. q. accorde	3

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Name	OΤ	Person	Hilma

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a

File Number U- 26/0

substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested. 8. Name and address of Business (including trade name, if any). 9. Business deals with: Name PLUMBERS UNION LOCAL NO. 12 ANNUITY PLAN X a. Labor Organization Trade Name, if any: b. Trust P.O. Box, Bldg., Room No., if any 1230-1236 c. Employer Street MASSACHUSETTS AVENUE City State Massachusetts ZIP Code + 4 02125 11.a. Nature of such dealing. 10. If 9.b. or 9.c. is checked give trust or employer's name. PLAN ADMINISTRATION OF COLLECTIVELY BARGAINED EMPLOYRE BENEFIT PLAN. Trade Name, if any: P.O. Box, Bldg., Room No., if any Street \$5 11.b. Approximate dollar value of such dealing. City 12.a. Nature of interest held or income received. ZIP Code + 4 LUNCH SERVED AT THE TRUST MEETING OF DECEMBER 14, State 2004. 12.b. Amount. C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value. 14.a. Nature of payment. 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bidg., Room No., if any Street City ZIP Code + 4 14.b. Amount of payment. 13.b. is the Business an Employer

Name	οf	Person	Filina
Name	u	r el son	L HILLIAN

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a

File Number U- 26/0

substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested. 8. Name and address of Business (including trade name, if any). 9. Business deals with: Name PLUMBERS UNION LOCAL NO. 12 PENSION PLAN X a. Labor Organization Trade Name, if any: b. Trust P.O. Box, Bldg., Room No., if any 1230-1236 c. Employer Street MASSACHUSETTS AVENUE City Massachusetts ZIP Code + 4 02125 State 11.a. Nature of such dealing. 10. If 9.b. or 9.c. is checked give trust or employer's name. PLAN ADMINISTRATION OF COLLECTIVELY BARGAINED EMPLOYEE BENEFIT PLAN. Trade Name, if any: P.O. Box, Bldg., Room No., if any Street \$5 11.b. Approximate dollar value of such dealing. City 12.a. Nature of interest held or income received. LUNCH SERVED AT THE TRUST MEETING OF DECEMBER 14, State ZIP Code + 4 2004. 12.b. Amount. C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value. 14.a. Nature of payment. 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City ZIP Code + 4 14.b. Amount of payment. 13.b. Is the Business an Employer or Consultant

Name	of	Person	Filina
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File Number U- 360

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested. 8. Name and address of Business (including trade name, if any). 9. Business deals with: Name PLUMBERS UNION LOCAL NO. 12 WELFARE PLAN a. Labor Organization Trade Name, if any: b. Trust P.O. Box, Bldg., Room No., if any 1230-1236 c. Employer Street MASSACHUSETTS AVENUE State Massachusetts ZIP Code + 4 02125 11.a. Nature of such dealing. 10. If 9.b. or 9.c. is checked give trust or employer's name. PLAN ADMINISTRATION OF COLLECTIVELY BARGAINED e transference of the second man are required about the compact of the first and the first are also about the compact of the second management of the compact of the first and the compact of the compact Name EMPLOYEE BENEFIT PLAN. Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 11.b. Approximate dollar value of such dealing. City 12.a. Nature of interest held or income received. LUNCH SERVED AT THE TRUST MEETING OF DECEMBER 14, State 2004 C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value. 14.a. Nature of payment. 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Trade Name, if any: P.O. Box, Bldg., Room No., if any Street ZIP Code + 4 14.b. Amount of payment. 13.b. Is the Business an Employer or Consultant